

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

Arterial Blood HCO₃ 29.5, Arterial Bld O₂ Saturation (Measur) 97.7, Arterial Blood Base Excess 4.8, Arterial Blood Hematocrit 37.5, Arterial Blood Sodium 140, Arterial Blood Potassium 3.8, Chloride (Blood Gas) 104, Ionized Calcium (Measured) (Bld Gas) 1.18, Lactate (Blood Gas) 1.0, Blood Gas Temperature 98.6, Oxygen Delivery Device Aerm, Blood Gas Ventilator Setting 24, FiO₂ 40.0, Blood Gas Tidal Volume 450, Blood Gas PEEP 5.0

Diagnostics Reviewed: Yes

(OLUBIYI, OLUTAYO I MD)

blood cx ngtd 10/14

Diagnostics Reviewed: Yes

(LOZADA, JAMES A MD)

Quality

Lines Tubes and Catheter: Urinary Catheter (Texas catheter (10/16/2016))

(OLUBIYI, OLUTAYO I MD)

Lines Tubes and Catheter: Urinary Catheter (Texas catheter (10/16/2016))

(LOZADA, JAMES A MD)

VTE Prophylaxis Ordered: Yes

(OLUBIYI, OLUTAYO I MD)

Indwelling Foley Catheter: No

Indication for Indwelling Cath: Acute Urinary Retention

(OLUBIYI, OLUTAYO I MD)

Central Venous Catheter: No

(OLUBIYI, OLUTAYO I MD)

1:1 Sitter: Continued (Reminder: Enter Orders in POM)

Violent Restraints: Continued (Reminder: Enter Orders in POM)

(OLUBIYI, OLUTAYO I MD)

Impression and Plan

Assessment

Problem List:

(1) Acute respiratory failure with hypoxia and hypercapnia

(2) Toxic encephalopathy

(3) Lactic acidosis

(4) Rhabdomyolysis

(5) Alcohol withdrawal delirium

(6) Urinary retention

(7) Suicidal overdose

(8) Drug overdose

Chronic Problems:

(1) HIV (human immunodeficiency virus infection)

(2) Drug abuse (OLUBIYI, OLUTAYO I MD)

Problem List:

(1) Alcohol withdrawal delirium

(2) Acute respiratory failure with hypoxia and hypercapnia

(3) Drug overdose

(4) Toxic encephalopathy

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1017-0069

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

(5) Lactic acidosis

(6) Rhabdomyolysis

(7) Urinary retention

(8) Suicidal overdose

Chronic Problems: (LOZADA, JAMES A MD)

Management Plan

Plan

NEU:

- Will continue CIWA protocol for acute alcohol withdrawal. score was around 20 overnight.
- will continue Haldol as scheduled.
- f/u Psych evaluation.
- will complete 302 documentation.
- Titrating down Precedex drip. currently at 1.2mcg/kg/hr

CV:

- Patient appears hemodynamically stable overnight.
- No major issues noted overnight.

PULM:

- Patient is sating well on 4L O2 by nasal cannular.
- Right lung pneumonia on CXR largely unchanged from yesterday.

GI:

- No acute issues.
- Famotidine was DC'd
- will continue colace for constipation.

GU:

- Serum Cr at 1.5 this AM.
- Will continue to trend CPK levels until normalize
- Foley was DC'd yesterday and patient is currently on Texas catheter due to restraints.

ID:

- Known HIV infection. Never on any HAART. Low CD4 count.
- WBC continues to trend up, 18000's this AM.
- will f/u Sputum cultures for Pneumocystis, urine & blood cultures.
- will complete ceftriaxone & gentamicin.

HEME/ONC:

- No acute issues.
- will continue DVT prophylaxis with Enoxaparin.

ENDO:

- No active issues.
- Continue accuchecks and Regular insulin SS
- Keep sugars <180 and >60

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1017-0069

REPORT STATUS: Signed

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**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

F/E/N:

- For speech and swallow eval. and possible diet feed today.
- Will continue to monitor and replete electrolytes as needed. Electrolytes currently stable.

SOCIAL:

- Full code.
- NOK: Sheree Bradham (484) 420-5809 Mother
Ellis Bradham (610) 348-4661 Father

(OLUBIYI, OLUTAYO I MD)

Plan

I have seen and evaluated the patient, reviewed and discussed the plan of care with house staff, and agree as documented with the following comments:

Delirium persists with intermittent agitation despite precdex, CIWA/ativan, and intermittent haldol.

Likely alcohol withdrawal.

Breathing is acceptable s/p extubation yesterday.

302 completed this morning. Maintain 1:1 obs for suicidality. awaiting psychiatry

SLP to evaluate. If MS precludes oral intake will need DHT and tube feeds in next 24-48h

Await gentamicin trough level. Cont abx as per ID

ICU for now

Discussed with sister at bedside. All questions answered.

(LOZADA, JAMES A MD)

Additional Information

Critical Care Time (mins): 38

Additional Comments

excludes procedures and teaching

(LOZADA, JAMES A MD)

OLUBIYI, OLUTAYO I MD

Oct 17, 2016 07:42

LOZADA, JAMES A MD

Oct 17, 2016 11:06

<Electronically signed by OLUTAYO I OLUBIYI, MD> 10/17/16 2004

<Electronically signed by JAMES A LOZADA, MD> 10/17/16 2008

OLUBOL / OO / DD 10/17/16 0742 / DT 10/17/16 0742

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1017-0069

REPORT STATUS: Signed

Mercy Fitzgerald Hospital Internal Med Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1017-0122
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN, MARIO, MD
PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/17/16 08:34

Subjective

Patient seen, resting in bed, in 4 point restraints, nursing at bedside, patient extubated Saturday and has been having hallucinations and aggressive behavior, full chart reviewed at length, patient attempts to verbalize with me but it's nonsensical

Objective

Patient Data

Vital Signs, Last Documented

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow	Rate	FiO2
10/17/16 08:00	37.5	101	40	142/73	100	Nasal Cannula		2.00	
10/15/16 19:00									40

Weight in Kg

93.00

Bedside Blood Glucose

10/17/16 04:42: POC Glucose 90

Appearance: : No Acute Distress

Thorax: : CTA Bilateral

Cardiovascular: : Regular Rate Rhythm

Abdominal Inspection: : Normal

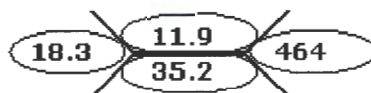
Abdomen: : Bowel Sounds Noted

Neurologic: : Other (unable to assess)

Results

Lab Results, CBC Diagram

10/17/16 05:50



Lab Results, BMP Diagram

10/17/16 05:50

PATIENT: EFUNNUGA, OLUTOKUNBO
CC:
REPORT #: 1017-0122
REPORT STATUS: Signed

Mercy Fitzgerald Hospital Internal Med Progress Note

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

140	102	16	88
4.5	28	1.1	

Impression and Plan**Problem List:****(1) Toxic encephalopathy**

Impression and Plan: Plan to continue with close clinical monitoring and sedatives, continue restraints as needed await psychiatry input

(2) Aspiration pneumonia

Impression and Plan: Appreciate ID input, continue gentamicin and Rocephin

(3) Acute respiratory failure with hypoxia and hypercapnia

Impression and Plan: Currently stable status post extubation, continue to monitor respiratory status

(4) AKI (acute kidney injury)

Impression and Plan: Resolved

Chronic Problems:

HAMID,SAMMY, MD

Oct 17, 2016 08:40

<Electronically signed by SAMMY HAMID, MD> 10/18/16 0724

HAMISA / SH / DD 10/17/16 0840 / DT 10/17/16 0840

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1017-0122

REPORT STATJS: Signed

Mercy Fitzgerald Hospital Infectious Disease Progress No

PATIENT: EFUNNUGA, OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1017-0359
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN, MARIO, MD
PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/17/16 15:01

Service: Infectious Disease

Subjective

Pt alert, disoriented to time and place, Tm 98.8, no emesis, increased stool formation

Objective

Patient Data

Vital Signs, Last Documented

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/17/16 14:00		123	34	119/65	99	Nasal Cannula	2.00	
10/17/16 12:03	37.5							
10/15/16 19:00								40

Weight in Kg

93.00

Bedside Blood Glucose

10/17/16 04:42: POC Glucose 90

Physical Exam

Tm 98.8

no stridor or meningismus, no abdominal dissension iv access intact Neuro no tremor appreciated on pupils reactive
no facial asymmetry moves all ext. plantars down

Results

Lab Results, CBC Diagram

10/17/16 05:50



Lab Results, BMP Diagram

10/17/16 05:50

PATIENT: EFUNNUGA, OLUTOKUNBO
CC:
REPORT #: 1017-0359
REPORT STATUS: Signed

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Mercy Fitzgerald Hospital
Infectious Disease Progress No

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

140	102	16	88
4.5	28	1.1	

repeat blood c/s sterile

Impression and Plan
Plan

bacteremia: strep mitis, repeat blood c/ sterile, echocardiogram= no vegetations or valvular abnormality,
 recommend TEE when logistically feasible

pneumonia: aspiration,

HIVD: moderately advanced, CD4 240-300

elevated temperature: resolved, ordered sputum for cytology

confusion: analysis active,

abx mgmt: adjusted to combination parental ceftriaxone and gentamicin Gentamicin serum trough level pending

discussed clinical presentation with pts family

recommend TEE when logistically feasible

GILBERT, MARK, MD

Oct 17, 2016 15:04

<Electronically signed by MARK GILBERT, MD> 10/17/16 1504

GILBMA / MG / DD 10/17/16 1504 / DT 10/17/16 1504

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1017-0359

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1018-0120
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN,MARIO, MD
PCP: DOCTOR,NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/18/16 08:21
(OLUBIYI,OLUTAYO I MD)

Subjective

Hospital LOS days: 12

ICU LOS: 12

Subjective

Patient was seen and evaluated by the bedside. Patient had a spike of fever 38.4 last evening. He also had an episode of Haldol for delirium overnight. Was maintained on CIWA and 1:1 observation protocols throughout the night.

(OLUBIYI,OLUTAYO I MD)

Review of Systems

Unable to Obtain: Altered Mental Status (Sedated.)

(OLUBIYI,OLUTAYO I MD)

Objective

Active Meds Reviewed: Yes

Medications

Medications Active List

Medications	Dose Ordered	Sig/Sch	Start Time Stop Time	Status	Last Admin
Folic Acid	1 mg	DAILY	10/11/16 09:00		10/16/16 08:39
Thiamine HCl	100 mg	DAILY	10/11/16 09:00		10/16/16 08:39
Enoxaparin Sodium	40 mg	DAILY	10/11/16 10:45		10/17/16 09:11
Insulin Human Regular	SS LOW DOSE LOW INTENSITY SCALE: BL...	Q6	10/12/16 07:45		
Dextrose	16 gm	PRN PRN	10/12/16 11:45		10/12/16 12:41
Dextrose/Water	12.5 gm	PRN PRN	10/12/16 11:45		

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1018-0120
REPORT STATUS: Signed

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**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

Doxazosin Mesylate	1 mg	DAILY	10/13/16 09:00		10/16/16 08:40
Acetaminophen	500 mg	Q6H PRN	10/12/16 20:15		10/17/16 15:36
Docusate Sodium 100 mg	100 mg	BID	10/14/16 11:30		10/16/16 19:53
Gentamicin Sulfate/Sodium Chloride	52.75 ml @ 100 mls/hr	Q8	10/14/16 21:00		10/18/16 05:26
Risperidone 2 mg	2 mg	BID	10/15/16 12:15		10/16/16 19:53
Ceftriaxone Sodium	100 ml @ 100 mls/hr	DAILY	10/17/16 09:00		10/17/16 09:11
Lorazepam	1 mg	Q1H PRN	10/16/16 11:00		10/18/16 03:16
Lorazepam	2 mg	Q1H PRN	10/16/16 11:00		10/18/16 05:12
Albuterol/ Ipratropium	3 ml	Q4H PRN	10/16/16 15:30		
Haloperidol Lactate 5 mg	5 mg	Q6 PRN	10/17/16 11:15		10/18/16 00:06
Sodium Chloride	1,000 ml @ 100 mls/hr	Q10H	10/17/16 11:15		10/18/16 06:55
Guaifenesin	200 mg	Q4H PRN	10/17/16 11:30		

(OLUBIYI,OLUTAYO I MD)

Active Meds Reviewed: Yes

(LOZADA,JAMES A MD)

Patient Data**Vital Signs, Last Documented**

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/18/16 07:00		103	41	150/70	98	Nasal Cannula	4.00	
10/18/16 04:00	37.9							
10/15/16 19:00								40

Weight in Kg

93.00

Bedside Blood Glucose Last 24h

10/17/16 11:39: POC Glucose 84

10/17/16 16:44: POC Glucose 91

10/17/16 22:37: POC Glucose 89

	10/18/16 07:00
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PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1018-0120

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

Intake Total	2454.50 ml
Output Total	4525 ml
Balance	-2070.50 ml
Intake Oral	0 ml
IV Total	2454.50 ml
Output Urine Total	4525 ml
# Voids	1

Sedation Score Actual

-2

(OLUBIYI, OLUTAYO I MD)

Vital Signs 24 Hours

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/18/16 09:00		96	29	126/65	100	Nasal Cannula	4.00	
10/18/16 08:00	37.4	93	38	140/66	100	Nasal Cannula	4.00	
10/18/16 07:00		103	41	150/70	98	Nasal Cannula	4.00	
10/18/16 06:00		92	29	140/61	100	Nasal Cannula	4.00	
10/18/16 05:00		91	44	131/60	99	Nasal Cannula	4.00	
10/18/16 04:00	37.9	90	41	124/64	98	Nasal Cannula	4.00	
10/18/16 04:00						Nasal Cannula	4.00	
10/18/16 03:00		86	29	119/49	98	Nasal Cannula	4.00	
10/18/16 02:00		86	37	126/59	99	Nasal Cannula	4.00	
10/18/16 01:00		94	43	128/64	98	Nasal Cannula	4.00	
10/18/16 00:03		102	37	154/83	96	Nasal Cannula	4.00	
10/18/16 00:00	37.8	89	41	138/67	98	Nasal Cannula	4.00	
10/18/16 00:00						Nasal Cannula	4.00	
10/17/16 23:00		91	37	123/59	99	Nasal Cannula	4.00	
10/17/16 22:00		97	40	135/62	98	Nasal Cannula	4.00	
10/17/16 21:00		90	40	141/70	99	Nasal Cannula	4.00	
10/17/16 20:00						Nasal Cannula	4.00	
10/17/16 20:00	38.4	98	22	148/64	100	Nasal Cannula	4.00	
10/17/16 19:00		93	46	137/66	99	Nasal Cannula	4.00	
10/17/16 18:00	38.3	110	21	134/71	100	Nasal Cannula	2.00	
10/17/16 17:00		105	36	150/61	99	Nasal Cannula	2.00	
10/17/16 16:00						Nasal Cannula	2.00	
10/17/16 16:00	39.3	111	43	139/70	100	Nasal Cannula	2.00	
10/17/16 15:00		124	36	153/71	100	Nasal Cannula	2.00	
10/17/16 14:00		123	34	119/65	99	Nasal Cannula	2.00	
10/17/16 13:00		109	50	137/113	99	Nasal Cannula	2.00	
10/17/16 12:03	37.5	110	46	142/68	98	Nasal Cannula	2.00	
10/17/16 12:00						Nasal Cannula	2.00	
10/17/16 11:00		109	32	142/67	97	Nasal Cannula	2.00	

(LOZADA, JAMES A MD)

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1018-0120

REPORT STATUS: Signed

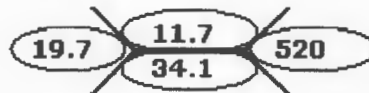
Mercy Fitzgerald Hospital
Critical Care Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO

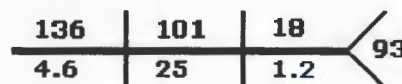
MR#: F001250247

Physical Exam**Appearance:** : Appears Stated Age: No Acute Distress: Other (in physical restrains) No: Agitated, Alert**Head Exam:** : Atraumatic: Normocephalic**HEENT:** : PERRL: Sclera Anicteric**Thorax:** : Accessory Muscle Use: CTA Bilateral: Decreased Breath Sounds (over the right lung lower lobe): Other (tachypneic 35-40 cpm): Rhonchi (over the right lower lobe)**Cardiovascular:** : No JVD: Regular Rate Rhythm No: Gallop, Murmur, Rub**Abdomen:** : Non-tender: Soft**Rectal Exam:** : Deferred**Skin:** : Skin Color Normal: Skin Temperature Normal: Skin Turgor Normal**Upper Extremity Appearance:** : Normal**Lower Extremity Appearance:** : Normal (**OLUBIYI, OLUTAYO I MD**)**HEENT:** : PERRL**Thorax:** : Decreased Breath Sounds (over the right lung lower lobe): No Accessory Muscle Use: Rhonchi**Mental Status:** Abnormal (RASS -2)**Follows Commands:** No**(LOZADA, JAMES A MD)****Results****Results****Lab Results, CBC Diagram**

10/18/16 05:45

**Lab Results, BMP Diagram**

10/18/16 05:45

**Arterial Blood Gas**

10/7/16 17:00:

Venous Blood pH 7.43, Venous Blood pH (Temp Corrected) 7.43, Venous Blood Partial Pressure CO2 47.1, Venous Blood pCO2 (Temp Corrected) 47.1, Venous Blood Partial Pressure O2 91.1, Venous Blood pO2 (Temp Corrected) 91.1, Venous Blood HCO3 31.3, Venous Bld O2 Saturation (Measured) 97.2, Venous Blood Base Excess 6.2, Bedside Sodium (Blood Gas) 139, Bedside Potassium (Blood Gas) 6.0, Bedside Chloride (Blood Gas) 104, Ionized Calcium (Blood Gas) 1.12

10/8/16 06:15: Allen Test Pos

10/14/16 04:57:

Arterial Blood pH 7.44, Arterial Blood pH (Temp corrected) 7.44, Arterial Blood Partial Pressure CO2 43.5, Arterial Blood pCO2 (Temp correct) 43.5, Arterial Blood Partial Pressure O2 94, Arterial Blood pO2 (Temp corrected) 93.5,

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1018-0120

REPORT STATUS: Signed

Mercy Fitzgerald Hospital
Critical Care Progress Note

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

Arterial Blood HCO3 29.5, Arterial Bld O2 Saturation (Measur) 97.7, Arterial Blood Base Excess 4.8, Arterial Blood Hematocrit 37.5, Arterial Blood Sodium 140, Arterial Blood Potassium 3.8, Chloride (Blood Gas) 104, Ionized Calcium (Measured) (Bld Gas 1.18, Lactate (Blood Gas) 1.0, Blood Gas Temperature 98.6, Oxygen Delivery Device Aerm, Blood Gas Ventilator Setting 24, FiO2 40.0, Blood Gas Tidal Volume 450, Blood Gas PEEP 5.0

Diagnostics Reviewed: Yes**(OLUBIYI,OLUTAYO I MD)****Lab Results**

Item	Value	Date Time
Gentamicin Level Trough	0.8 ug/ml	10/16/16 1216
Calcium Level	8.3 mg/dL L	10/18/16 0545
Phosphorus Level	3.8 mg/dL	10/18/16 0545
Magnesium Level	2.3 mg/dL	10/18/16 0545
Total Bilirubin	2.4 mg/dL H	10/18/16 0545
Direct Bilirubin	1.8 mg/dL H	10/18/16 0545
Aspartate Amino Transf (AST/SGOT)	150 U/L H	10/18/16 0545
Alanine Aminotransferase (ALT/SGPT)	117 U/L H	10/18/16 0545
Alkaline Phosphatase	110 U/L	10/18/16 0545
Total Protein	7.1 gm/dL	10/18/16 0545
Albumin	2.4 gm/dL L	10/18/16 0545

blood cx ngtd 10/17, 10/14

Diagnostics Reviewed: Yes**(LOZADA,JAMES A MD)****Quality****Code Status: Full Code****(OLUBIYI,OLUTAYO I MD)****Line Necessity Addressed: No****(OLUBIYI,OLUTAYO I MD)****GI Prophylaxis: H2 Blockers****(OLUBIYI,OLUTAYO I MD)****Indwelling Foley Catheter: No****(OLUBIYI,OLUTAYO I MD)****Central Venous Catheter: No****(OLUBIYI,OLUTAYO I MD)****1:1 Sitter: Continued (Reminder: Enter Orders in POM)****Violent Restraints: Continued****(OLUBIYI,OLUTAYO I MD)****Impression and Plan****Assessment****Problem List:****(1) Acute respiratory failure with hypoxia and hypercapnia****(2) Toxic encephalopathy****(3) Lactic acidosis**

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1018-0120

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

(4) Rhabdomyolysis
(5) Alcohol withdrawal delirium
(6) Urinary retention
(7) Suicidal overdose
(8) Drug overdose
Chronic Problems: (OLUBIYI, OLUTAYO I MD)

Problem List:

(1) Alcohol withdrawal delirium
(2) Acute respiratory failure with hypoxia and hypercapnia
(3) Pleural effusion
(4) LFTs abnormal
(5) Aspiration pneumonia
(6) Bacteremia
(7) Suicidal overdose
(8) Drug overdose
(9) HIV (human immunodeficiency virus infection)

Chronic Problems: (LOZADA, JAMES A MD)

Management Plan

Plan

NEU:

-Will continue CIWA protocol for acute alcohol withdrawal. score remained high overnight.
-will continue Haldol PRN.
-f/u Psych evaluation.
-Titrating down Precedex drip. currently at 1.2mcg/kg/hr

CV:

-Patient appears hemodynamically stable overnight.
-No major issues noted overnight.

PULM:

-Patient is sating well on room air.
-Right lung pneumonia and pleural effusion on CXR largely unchanged from yesterday.
-for thoracentesis by IR today.

GI:

-No acute issues.
-will continue colace for constipation.

GU:

-Serum Cr is normal: 1.2 this AM.
-Will continue to trend CPK levels until normalize
-will continue Texas catheter until he is off restraints.

ID:

- will reculture blood sample for concerns of spikes of fever and leukocytosis
-WBC continues to trend up, 19.7 this AM from 18 yesterday.
-will f/u Sputum cultures for Pneumocystis, urine & blood cultures.

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1018-0120

REPORT STATUS: Signed

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**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

-will complete ceftriaxone & gentamicin.

HEME/ONC:

-will continue DVT prophylaxis with Enoxaparin.

ENDO:

-No acute issues.
-Continue accuchecks and Regular insulin SS
-Keep sugars <180 and >60

F/E/N:

-Speech and swallow eval could not be performed yesterday due to heavy sedation of the patient.
-will reattempt speech/swallow eval today and possible diet feed if outcome is encouraging. Otherwise will place a NG feeding tube.
-meanwhile will keep NPO for now.
-Will continue to monitor and replete electrolytes as needed. Electrolytes currently stable.

SOCIAL:

- Full code.
- NOK: Sheree Bradham (484) 420-5809 Mother
Ellis Bradham (610) 348-4661 Father
Tosin Efunnuga 267-918-4065 Sister

(OLUBIYI, OLUTAYO I MD)

Plan

I have seen and evaluated the patient, reviewed and discussed the plan of care with house staff, and agree as documented with the following comments:

Remains delirious and dependent on sedation via benzos via CIWA, precedex, haldol prn
Febrile with suspected parapneumonic effusion, LFTs also abnormal.
continue current sedative regimen and monitoring
needs pulm toilette - will make bronchodilators standing, give neb bicarb with BD treatments, chest PT, frequent suction
will need DHT placed for tube feeds
u/s RUQ
IR for thoracentesis today - send chemistry, cell counts, pH, culture, cytology
genta trough nontoxic - cont abx as per ID

(LOZADA, JAMES A MD)

Additional Information

Critical Care Time (mins): 34

Additional Comments

excludes procedures and teaching

(LOZADA, JAMES A MD)

OLUBIYI, OLUTAYO I MD

Oct 18, 2016 08:26

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1018-0120

REPORT STATUS: Signed

Page 8 of 8

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

LOZADA, JAMES A MD

Oct 18, 2016 10:16

<Electronically signed by OLUTAYO I OLUBIYI, MD> 10/18/16 1904

<Electronically signed by JAMES A LOZADA, MD> 10/18/16 1518

OLUBOL / OO / DD 10/18/16 0826 / DT 10/18/16 0826

PATIENT: EFUNNUGA, OLUTOKUNBO
CC:
REPORT #: 1018-0120
REPORT STATUS: Signed

Mercy Fitzgerald Hospital Infectious Disease Progress No

PATIENT: EFUNNUGA, OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1018-0270
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN, MARIO, MD
PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/18/16 12:11

Service: Infectious Disease

Subjective

Pt responsive, disoriented, Tm 98.8, no increased respiratory distress, or emesis

Objective

Patient Data

Vital Signs, Last Documented

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/18/16 11:00		99	44	140/72	99	Nasal Cannula	4.00	
10/18/16 08:00	37.4							
10/15/16 19:00								40

Weight in Kg

93.00

Bedside Blood Glucose

10/18/16 11:42: POC Glucose 95

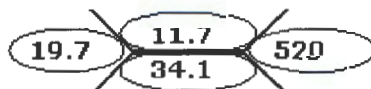
Physical Exam

anicteric no stridor or meningismusiv access i ntact Neuro no tremor appreciated

Results

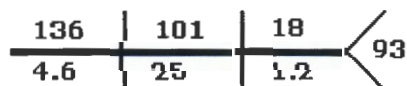
Lab Results, CBC Diagram

10/18/16 05:45



Lab Results, BMP Diagram

10/18/16 05:45



PATIENT: EFUNNUGA, OLUTOKUNBO
CC:
REPORT #: 1018-0270
REPORT STATUS: Signed

Page 2 of 2

Mercy Fitzgerald Hospital
Infectious Disease Progress No

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

repeat blood c/s sterile

Imaging

CxR(my reading): right plural effusion

Impression and Plan

Plan

bacteremia: strep mitis, repeat blood c/ sterile, echocardiogram= n o vegetations or valvular abnormality,

recommend TEE when logistically feasible

pneumonia: aspiration, complicated by right effusion

right pleural effusion: if process and leukocytosis persists consideration of thoracentesis reasonable

HIVD: moderately advanced, CD4 240-300

elevated temperature: resolved, ordered sputum for cytology

confusion: analysis active,

leukocytosis: if presence of increased loose stool formation observed please send cytotoxin assay

abx mgmt:continue combination parental ceftriaxone and gentamicin

discussed clinical presentation with icu nursing staff

recommend TEE when logistically feasible

GILBERT,MARK, MD

Oct 18, 2016 12:16

<Electronically signed by MARK GILBERT, MD> 10/18/16 1217

GILBMA / MG / DD 10/18/16 1216 / DT 10/18/16 1216

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1018-0270

REPORT STATUS: Signed

Mercy Fitzgerald Hospital Critical Care Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1019-0037
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN, MARIO, MD
PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/19/16 06:06

(IRIARTE OPORTO, BLANCA E MD)

Subjective

Hospital LOS days: 13

ICU LOS: 13

Subjective

Patient was seen and examined at bedside. Patient spiked a fever last evening: 102.3 F for which he was given Tylenol. Per nurse, overnight patient was aggressive and threatening her, he received 2 doses of Ativan. Thoracocentesis was not performed yesterday due to patient restlessness.

(IRIARTE OPORTO, BLANCA E MD)

Subjective

Pt admits to SOB and cough. Denies pain.

(LOZADA, JAMES A MD)

Review of Systems

Unable to Obtain: Altered Mental Status (SEDATED)

(IRIARTE OPORTO, BLANCA E MD)

Objective

Active Meds Reviewed: Yes

Medications

Medications Active List

Medications	Dose Ordered	Sig/Sch	Start Time Stop Time	Status	Last Admin
Folic Acid	1 mg	DAILY	10/11/16 09:00		10/16/16 08:39
Thiamine HCl	100 mg	DAILY	10/11/16 09:00		10/16/16 08:39
Enoxaparin Sodium	40 mg	DAILY	10/11/16 10:45		10/18/16 09:59
Insulin Human Regular	SS LOW DOSE LOW INTENSITY SCALE: BI...	Q6	10/12/16 07:45		
Dextrose	16 gm	PRN PRN	10/12/16 11:45		10/12/16 12:41

PATIENT: EFUNNUGA, OLUTOKUNBO
CC:
REPORT #: 1019-0037
REPORT STATUS: Signed

Mercy Fitzgerald Hospital
Critical Care Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

Dextrose/Water	12.5 gm	PRN PRN	10/12/16 11:45		
Doxazosin Mesylate	1 mg	DAILY	10/13/16 09:00		10/16/16 08:40
Acetaminophen	500 mg	Q6H PRN	10/12/16 20:15		10/18/16 16:39
Docusate Sodium 100 mg	100 mg	BID	10/14/16 11:30		10/18/16 20:51
Gentamicin Sulfate/Sodium Chloride	52.75 ml @ 100 mls/hr	Q8	10/14/16 21:00		10/19/16 04:22
Risperidone 2 mg	2 mg	BID	10/15/16 12:15		10/18/16 20:51
Ceftriaxone Sodium	100 ml @ 100 mls/hr	DAILY	10/17/16 09:00		10/18/16 09:59
Lorazepam	1 mg	Q1H PRN	10/16/16 11:00		10/18/16 22:11
Lorazepam	2 mg	Q1H PRN	10/16/16 11:00		10/19/16 04:59
Haloperidol Lactate	5 mg	Q6 PRN	10/17/16 11:15		10/19/16 02:30
Guaifenesin 200 mg	200 mg	Q4H PRN	10/17/16 11:30		10/19/16 04:22
Dexmedetomidine HCl/Sodium Chloride	208 ml @ 0 mls/hr	Q0M PRN	10/18/16 08:30		10/19/16 01:49
Sodium Bicarbonate	3 meq	Q6	10/18/16 11:00		10/19/16 01:46
Albuterol/ Ipratropium 3 ml	3 ml	Q6	10/18/16 10:28		10/19/16 01:46
Sodium Chloride	1,000 ml @ 100 mls/hr	Q10H	10/18/16 20:45 10/19/16 20:44		10/19/16 05:06

Titratable Med Infusions

Dexmedetomidine: RATE: 30 ml/hr

Dose: 1.2 mcg/kg/hr

(IRIARTE OPORTO, BLANCA E MD)**Active Meds Reviewed: Yes****(LOZADA, JAMES A MD)****Patient Data****Vital Signs 24 Hours**

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/19/16 06:00		88	40	116/54	96	Nasal Cannula	2.00	
10/19/16 05:00		94	38	129/66	98	Nasal Cannula	2.00	
10/19/16 04:00	36.6	87	36	128/74	99	Nasal Cannula	2.00	
10/19/16 04:00						Nasal Cannula	2.00	

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1019-0037

REPORT STATUS: Signed

Mercy Fitzgerald Hospital
Critical Care Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

10/19/16 03:00		100	41	120/60	96	Nasal Cannula	2.00	
10/19/16 02:30		86	30		100			
10/19/16 02:00	36.5	84	39	118/59	100	Nasal Cannula	2.00	
10/19/16 01:46		89	39		93			
10/19/16 01:00		84	37	122/51	98	Nasal Cannula	2.00	
10/19/16 00:00	37.0	89	46	121/69	97	Nasal Cannula	2.00	
10/19/16 00:00						Nasal Cannula	2.00	
10/18/16 23:00	37.3	100	38	111/53	98	Nasal Cannula	2.00	
10/18/16 22:00		107	44	101/76	98	Nasal Cannula	2.00	
10/18/16 21:36		101	28		96			
10/18/16 21:00		94	38	140/68	97	Nasal Cannula	2.00	
10/18/16 20:00	39.1	114	43	145/76	98	Nasal Cannula	2.00	
10/18/16 20:00						Nasal Cannula	2.00	
10/18/16 19:00		98	39	153/69	99	Nasal Cannula	2.00	
10/18/16 18:00	38.4	105	43	154/70	99	Nasal Cannula	2.00	
10/18/16 17:00		119	49	151/70	95	Nasal Cannula	2.00	
10/18/16 16:30	39.2	108	43	144/66	97	Nasal Cannula	2.00	
10/18/16 16:07		114	24		94			
10/18/16 16:00						Nasal Cannula	4.00	
10/18/16 15:00		101	41	118/85	97	Nasal Cannula	4.00	
10/18/16 14:00		104	29	157/73	93	Nasal Cannula	4.00	
10/18/16 13:00		92	34	124/61	98	Nasal Cannula	4.00	
10/18/16 12:00	38.5	95	42	133/66	99	Nasal Cannula	4.00	
10/18/16 12:00						Nasal Cannula	4.00	
10/18/16 11:00		99	44	140/72	99	Nasal Cannula	4.00	
10/18/16 10:00		97	46	144/62	98	Nasal Cannula	4.00	
10/18/16 09:00		96	29	126/65	100	Nasal Cannula	4.00	
10/18/16 08:00						Nasal Cannula	4.00	
10/18/16 08:00	37.4	93	38	140/66	100	Nasal Cannula	4.00	

Weight in Kg

93.00

Bedside Blood Glucose Last 24h**10/18/16 11:42:** POC Glucose 95**10/18/16 16:34:** POC Glucose 79**10/18/16 21:42:** POC Glucose 113**10/19/16 04:26:** POC Glucose 121

	10/19/16 07:00
Intake Total	4055.50 ml
Output Total	2875 ml
Balance	1180.50 ml
Intake Oral	0 ml
IV Total	2955.50 ml

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1019-0037

REPORT STATUS: Signed

Mercy Fitzgerald Hospital Critical Care Progress Note

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

Tube Feeding	475 ml
Tube Irrigant	625 ml
Output Urine Total	2875 ml
# Voids	2

Sedation Score Actual

-2

(IRIARTE OPORTO,BLANCA E MD)

Physical Exam**Appearance:** : No Acute Distress**Head Exam:** : Moist Mucous Membranes: Normocephalic: Symmetric**HEENT:** : Other: PERRL: Sclera Anicteric**Thorax:** : Accessory Muscle Use: Decreased Breath Sounds (ON RIGHT LOWER LUNG LOBE): Rhonchi (ON BOTH LUNG FIELDS)**Cardiovascular:** : No JVD: Regular Rate Rhythm (88 BPM)**Abdomen:** : Non-distended: Non-tender: Soft**Skin:** : Skin Color Normal: Skin Temperature Normal**Upper Extremity Appearance:** : Normal**Lower Extremity Appearance:** : Normal**Pulses:** Distal Pulses 2+**Mental Status:** Abnormal (RASS -2)**Follows Commands:** No

(IRIARTE OPORTO,BLANCA E MD)

Appearance: : No Acute Distress**Thorax:** : No Accessory Muscle Use**Mental Status:** Abnormal (RASS -1, disoriented (oriented to self only))**Follows Commands:** Yes**Motor Response**

no tremor

(LOZADA,JAMES A MD)

Results**Results**

Arterial Blood Gas

10/7/16 17:00:

Venous Blood pH 7.43, Venous Blood pH (Temp Corrected) 7.43, Venous Blood Partial Pressure CO2 47.1, Venous Blood pCO2 (Temp Corrected) 47.1, Venous Blood Partial Pressure O2 91.1, Venous Blood pO2 (Temp Corrected) 91.1, Venous Blood HCO3 31.3, Venous Bld O2 Saturation (Measured) 97.2, Venous Blood Base Excess 6.2, Bedside Sodium (Blood Gas) 139, Bedside Potassium (Blood Gas) 6.0, Bedside Chloride (Blood Gas) 104, Ionized Calcium (Blood Gas) 1.12

10/8/16 06:15: Allen Test Pos**10/14/16 04:57:**

Arterial Blood pH 7.44, Arterial Blood pH (Temp corrected) 7.44, Arterial Blood Partial Pressure CO2 43.5, Arterial Blood pCO2 (Temp correct) 43.5, Arterial Blood Partial Pressure O2 94, Arterial Blood pO2 (Temp corrected) 93.5,

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1019-0037

REPORT STATUS: Signed

Mercy Fitzgerald Hospital
Critical Care Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

Arterial Blood HCO₃ 29.5, Arterial Bld O₂ Saturation (Measur) 97.7, Arterial Blood Base Excess 4.8, Arterial Blood Hematocrit 37.5, Arterial Blood Sodium 140, Arterial Blood Potassium 3.8, Chloride (Blood Gas) 104, Ionized Calcium (Measured) (Bld Gas 1.18, Lactate (Blood Gas) 1.0, Blood Gas Temperature 98.6, Oxygen Delivery Device Aerm, Blood Gas Ventilator Setting 24, FiO₂ 40.0, Blood Gas Tidal Volume 450, Blood Gas PEEP 5.0

Lab Results**Laboratory Tests & Results**

Test	Range/Units	10/16/16 10:48	10/16/16 12:16	10/16/16 16:41	10/17/16 04:42
POC Glucose	70-99 mg/dL	104 H		90	90
Gentamicin Level Trough			0.8 ug/ml		

Test	Range/Units	10/17/16 05:50	10/17/16 11:39	10/17/16 16:44	10/17/16 22:37
White Blood Count	4.5-11.0 Thou/uL	18.3 H			
Red Blood Count	4.70-6.10 Mill/UL	3.66 L			
Hemoglobin	13.5-17.5 g/dL	11.9 L			
Hematocrit	41.0-53.0 %	35.2 L			
Mean Corpuscular Volume	80-100 fL	96.4			
Mean Corpuscular Hemoglobin	28.4-32.0 pg	32.6 H			
Mean Corpuscular Hemoglobin Concent	32.6-34.8 g/dL	33.8			
Red Cell Distribution Width	11.5-14.5 %	13.5			
Platelet Count	150-450 THOU/UL	464 H			
Mean Platelet Volume	7.4-10.4 fL	8.8			
Neutrophils %	42.0-75.0 %	84.3 H			
Lymphocytes %	18.0-44.0 %	6.2 L			
Monocytes %	0.0-18.0 %	8.1			
Eosinophils %	0.0-5.0 %	1.2			
Basophils %	0.0-2.0 %	0.2			
Neutrophils #	1.8-8.0 Thou/uL	15.4 H			
Lymphocytes #	1.2-4.2 Thou/uL	1.1 L			
Monocytes #	0.0-1.0 Thou/uL	1.5 H			
Eosinophils #	0.0-0.7 Thou/uL	0.2			
Basophils #	0.0-0.5 Thou/uL	0.0			
Sodium Level	136-147 mEq/L	140			
Potassium Level	3.6-5.2 mEq/L	4.5			
Chloride Level	98-108 mmol/L	102			
Carbon Dioxide Level	23-32 mmol/L	28			

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1019-0037

REPORT STATUS: Signed

Mercy Fitzgerald Hospital
Critical Care Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

Anion Gap	6.0-16	10.0			
Blood Urea Nitrogen	6-22 mg/dL	16			
Creatinine	0.8-1.4 mg/dL	1.1			
Estimate Glomerular Filtration Rate	>60 mL/min	> 60			
Estimated GFR (African American)	>60 mL/min/1	> 60			
BUN/Creatinine Ratio	7-23	14.5			
Glucose Level	70-99 mg/dL	88			
Calcium Level	8.8-10.5 mg/dL	8.1 L			
Phosphorus Level	2.5-4.5 mg/dL	3.9			
Magnesium Level	1.8-2.4 mg/dL	2.4			
POC Glucose	70-99 mg/dL		84	91	89

Test	Range/Units	10/18/16 05:23	10/18/16 05:45	10/18/16 08:51	10/18/16 11:42
POC Glucose	70-99 mg/dL	98			95
White Blood Count	4.5-11.0 Thou/uL		19.7 H		
Red Blood Count	4.70-6.10 Mill/UL		3.56 L		
Hemoglobin	13.5-17.5 g/dL		11.7 L		
Hematocrit	41.0-53.0 %		34.1 L		
Mean Corpuscular Volume	80-100 fL		95.8		
Mean Corpuscular Hemoglobin	28.4-32.0 pg		33.0 H		
Mean Corpuscular Hemoglobin Concent	32.6-34.8 g/dL		34.5		
Red Cell Distribution Width	11.5-14.5 %		13.6		
Platelet Count	150-450 THOU/UL		520 H		
Mean Platelet Volume	7.4-10.4 fL		8.7		
Neutrophils %	42.0-75.0 %		83.3 H		
Lymphocytes %	18.0-44.0 %		7.4 L		
Monocytes %	0.0-18.0 %		8.2		
Eosinophils %	0.0-5.0 %		0.7		
Basophils %	0.0-2.0 %		0.4		
Neutrophils #	1.8-8.0 Thou/uL		16.4 H		
Lymphocytes #	1.2-4.2 Thou/uL		1.5		
Monocytes #	0.0-1.0 Thou/uL		1.6 H		
Eosinophils #	0.0-0.7 Thou/uL		0.1		
Basophils #	0.0-0.5 Thou/uL		0.1		
Sodium Level	136-147 mEq/L		136		

PATIENT: EFUNNUGA, OLUTOKUNBO
 CC:
 REPORT #: 1019-0037
 REPORT STATUS: Signed

Mercy Fitzgerald Hospital
Critical Care Progress Note

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

Potassium Level	3.6-5.2 mEq/L	4.6	
Chloride Level	98-108 mmol/L	101	
Carbon Dioxide Level	23-32 mmol/L	25	
Anion Gap	6.0-16	10.0	
Blood Urea Nitrogen	6-22 mg/dL	18	
Creatinine	0.8-1.4 mg/dL	1.2	
Estimate Glomerular Filtration Rate	>60 mL/min	> 60	
Estimated GFR (African American)	>60 mL/min/1	> 60	
BUN/Creatinine Ratio	7-23	15.0	
Glucose Level	70-99 mg/dL	93	
Calcium Level	8.8-10.5 mg/dL	8.3 L	
Phosphorus Level	2.5-4.5 mg/dL	3.8	
Magnesium Level	1.8-2.4 mg/dL	2.3	
Total Bilirubin	0.2-1.2 mg/dL	2.4 H	
Direct Bilirubin	0-0.3 mg/dL	1.8 H	
Aspartate Amino Transferase (AST)	14-51 U/L	150 H	
Alanine Aminotransferase (ALT)	7-60 U/L	117 H	
Alkaline Phosphatase	42-157 U/L	110	
Total Protein	6.3-8.2 gm/dL	7.1	
Albumin	4.1-5.4 gm/dL	2.4 L	
Globulin	2.3-3.5 g/dL	4.7 H	
Albumin/Globulin Ratio	0.74-3.85	1.0	
Lactate Dehydrogenase	127-239 U/L		371 H

Test	Range/Units	10/18/16 16:34	10/18/16 21:42	10/19/16 04:26	10/19/16 05:45
POC Glucose	70-99 mg/dL	79	113 H	121 H	
White Blood Count	4.5-11.0 Thou/uL				20.0 H
Red Blood Count	4.70-6.10 Mill/UL				3.52 L
Hemoglobin	13.5-17.5 g/dL				11.8 L
Hematocrit	41.0-53.0 %				33.4 L
Mean Corpuscular Volume	80-100 fL				94.7
Mean Corpuscular Hemoglobin	28.4-32.0 pg				33.5 H
Mean Corpuscular Hemoglobin Concent	32.6-34.8 g/dL				35.4 H
Red Cell Distribution Width	11.5-14.5 %				13.4
Platelet Count	150-450 THOU/UL				531 H
Mean Platelet Volume	7.4-10.4 fL				8.6
Sodium Level	136-147 mEq/L				133 L
Potassium Level	3.6-5.2 mEq/L				4.4
Chloride Level	98-108 mmol/L				98

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1019-0037

REPORT STATUS: Signed

Mercy Fitzgerald Hospital Critical Care Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

Carbon Dioxide Level	23-32 mmol/L				25
Anion Gap	6.0-16				10.0
Blood Urea Nitrogen	6-22 mg/dL				16
Creatinine	0.8-1.4 mg/dL				1.1
Estimate Glomerular Filtration Rate	>60 mL/min				> 60
Estimated GFR (African American)	>60 mL/min/1				> 60
BUN/Creatinine Ratio	7-23				15.0
Glucose Level	70-99 mg/dL				131 H
Calcium Level	8.8-10.5 mg/dL				8.3 L
Phosphorus Level	2.5-4.5 mg/dL				4.5
Magnesium Level	1.8-2.4 mg/dL				2.2

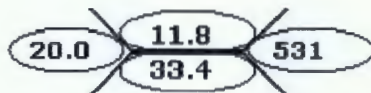
Diagnostics Reviewed: Yes**Imaging**

Chest US: Small - moderate loculated pleural effusion on right lower lobe.

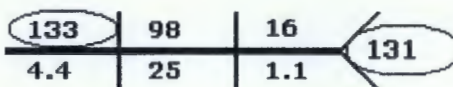
Chest X-ray: Loculated pleural effusion on right lower lobe (increased in size from previous one. Consolidations on right lower lobe.

(IRIARTE OPORTO, BLANCA E MD)**Lab Results, CBC Diagram**

10/19/16 05:45

**Lab Results, BMP Diagram**

10/19/16 05:45

**Lab Results**

Item	Value	Date Time
Calcium Level	8.3 mg/dL L	10/19/16 0545
Phosphorus Level	4.5 mg/dL	10/19/16 0545
Magnesium Level	2.2 mg/dL	10/19/16 0545
Total Bilirubin	2.3 mg/dL H	10/19/16 0545
Direct Bilirubin	1.7 mg/dL H	10/19/16 0545
Aspartate Amino Transf (AST/SGOT)	239 U/L H	10/19/16 0545
Alanine Aminotransferase (ALT/SGPT)	154 U/L H	10/19/16 0545
Alkaline Phosphatase	116 U/L	10/19/16 0545
Total Protein	7.1 gm/dL	10/19/16 0545
Albumin	2.4 gm/dL L	10/19/16 0545

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1019-0037

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

blood cx ngtd 10/17, 10/14

Diagnostics Reviewed: Yes

Imaging

CXR

IMPRESSION: Dobhoff tube terminates in stomach. Large right loculated pleural effusion slightly increased from prior imaging. Associated right-sided opacities may reflect atelectasis, however, underlying pneumonia is not excluded.

(LOZADA,JAMES A MD)

Quality

Discussed Care Plan with: Patient

Code Status: Full Code

(IRIARTE OPORTO,BLANCA E MD)

Lines Tubes and Catheter: PICC, Other (Dobhoff tube)

Line Necessity Addressed: Yes

(IRIARTE OPORTO,BLANCA E MD)

VTE Prophylaxis Ordered: Yes

(IRIARTE OPORTO,BLANCA E MD)

Indwelling Foley Catheter: No

(IRIARTE OPORTO,BLANCA E MD)

1:1 Sitter: Continued

Non-Violent Restraints: Continued

(IRIARTE OPORTO,BLANCA E MD)

Impression and Plan

Assessment

Problem List:

- (1) Alcohol withdrawal delirium
- (2) Acute respiratory failure with hypoxia and hypercapnia
- (3) Pleural effusion
- (4) LFTs abnormal
- (5) Aspiration pneumonia
- (6) Bacteremia
- (7) Suicidal overdose
- (8) Drug overdose
- (9) HIV (human immunodeficiency virus infection)

Chronic Problems: (IRIARTE OPORTO,BLANCA E MD)

Management Plan

Plan

NEU:

- We will discontinue CIWA protocol.
- will continue Haldol PRN Q6 for agitation.
- We will follow up with Psych evaluation in regards of 302 status.

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1019-0037

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

- We will titrate down Precedex drip as tolerated

CV:

-Patient appears hemodynamically stable overnight.
-No major issues noted overnight.

PULM:

- Tachypneic, saturating at 96% on 3 L via NC.
- CXR shows: right lung hyperdensities and right loculated-pleural effusion slightly increased from previous imaging, impressive of Pneumonia/aspiration PNA.
- Thoracocentesis was not done due to restlessness.
- Continue with neb Bicarbonate with BD, bronchodilators standing, chest PT, frequent suction
- Pulmonary Toilette
- We will reculture sputum

GI:

- No acute issues.
- Continue with Colace for constipation.
- Duffhob Tube was placed yesterday.

GU:

- Serum Cr is normal: 1.1 this AM.
- Continue Texas catheter until he is off restraints.

ID:

- WBC continues trending up, 20 this AM from 19 yesterday.
- Blood cultures are negative to date we will follow up with final result
- f/u Sputum cultures for Pneumocystis and final urine culture
- Continue with ceftriaxone & gentamicin.

HEME/ONC:

-will continue DVT prophylaxis with Enoxaparin.

ENDO:

-No acute issues.
-Continue accuchecks and Regular insulin SS
-Keep sugars <180 and >60

F/E/N:

- Patient Dobhoff tube was placed yesterday, CXR shows it terminates in stomach.
- Continue Jevit 1.5 ; Feeding rate= 55 ml ; Flush 50 ml every hr.
- Will continue to monitor and replete electrolytes as needed. Electrolytes currently within normal limits.

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1019-0037

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

SOCIAL:

Full code.

NOK: Sheree Bradham (484) 420-5809 Mother

Ellis Bradham (610) 348-4661 Father

Tosin Efunnuga 267-918-4065 Sister

(IRIARTE OPORTO,BLANCA E MD)

Plan

I have seen and evaluated the patient, reviewed and discussed the plan of care with house staff, and agree as documented with the following comments:

Periods of lucidity, decreasing requirement for sedation.

Remains delirious but improving.

Ongoing fever, concern for parapneumonic effusion, biliary infection, recurrent aspiration pneumonia

Remains on 302, psychiatry has yet to evaluate - will expedite psych evaluation

decrease precedex as tolerated, goal is off

stop CIWA/ativan, start clonazepam bid, continue haldol prn, risperdal standing

cont abx

reculture sputum, check UA

discussed with pt's mother at bedside

(LOZADA,JAMES A MD)

Additional Information

Critical Care Time (mins): 35

Additional Comments

excludes procedures and teaching

(LOZADA,JAMES A MD)

IRIARTE OPORTO,BLANCA E MD

Oct 19, 2016 06:11

LOZADA,JAMES A MD

Oct 19, 2016 10:26

<Electronically signed by BLANCA E IRIARTE OPORTO, MD> 10/20/16 0629

<Electronically signed by JAMES A LOZADA, MD> 10/19/16 1810

IRIABL / BIO / DD 10/19/16 0611 / DT 10/19/16 0611

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1019-0037

REPORT STATUS: Signed

Mercy Fitzgerald Hospital Internal Med Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1019-0119
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN, MARIO, MD
PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/19/16 08:19

Subjective

pt seen, chart reviewed, febrile last pm, agitated

Objective

Patient Data

Vital Signs, Last Documented

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/19/16 08:00		90	23		98			
10/19/16 08:00	37.4			125/62		Nasal Cannula	2.00	
10/15/16 19:00								40

Weight in Kg

93.00

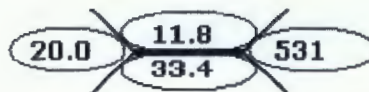
Bedside Blood Glucose

10/19/16 04:26: POC Glucose 121

Results

Lab Results, CBC Diagram

10/19/16 05:45



Lab Results, BMP Diagram

10/19/16 05:45



Impression and Plan

Problem List:

PATIENT: EFUNNUGA, OLUTOKUNBO
CC:
REPORT #: 1019-0119
REPORT STATUS: Signed

Page 2 of 2

**Mercy Fitzgerald Hospital
Internal Med Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

(1) Aspiration pneumonia

Impression and Plan: wbc and fever noted, continue gentamicin and Rocephin

(2) Acute respiratory failure with hypoxia and hypercapnia

Impression and Plan: Currently stable status post extubation, continue to monitor respiratory status

(3) AKI (acute kidney injury)

Impression and Plan: Resolved

(4) Toxic encephalopathy

Impression and Plan: Plan to continue with close clinical monitoring and sedatives, continue restraints as needed await psychiatry input

Chronic Problems:

HAMID,SAMMY, MD

Oct 19, 2016 08:20

<Electronically signed by SAMMY HAMID, MD> 10/20/16 0638

HAMISA / SH / DD 10/19/16 0820 / DT 10/19/16 0820

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1019-0119
REPORT STATUS: Signed

Mercy Fitzgerald Hospital Critical Care Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1020-0067
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN, MARIO, MD
PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/20/16 06:29

(IRIARTE OPORTO, BLANCA E MD)

Subjective

Hospital LOS days: 14

ICU LOS: 14

Subjective

Patient was examined at bedside. Patient is calm, alert and oriented to person. He complains of chest pain on right lower hemithorax. He continues coughing, denies sputum production. Overnight: He spiked a fever (39.2) , and team ordered a blood culture. Yesterday, he pulled out his Duffhoff tube twice.

(IRIARTE OPORTO, BLANCA E MD)

Subjective

Thick tan secretions, better mental status- calm and A&O x 1

(MANNS, STEPHENIE T MD)

Review of Systems

Unable to Obtain: Uncooperative Patient

(IRIARTE OPORTO, BLANCA E MD)

Objective

Active Meds Reviewed: Yes

Medications

Medications Active List

Medications	Dose Ordered	Sig/Sch	Start Time Stop Time	Status	Last Admin
Folic Acid	1 mg	DAILY	10/11/16 09:00		10/19/16 09:03
Thiamine HCl	100 mg	DAILY	10/11/16 09:00		10/19/16 09:03
Enoxaparin Sodium	40 mg	DAILY	10/11/16 10:45		10/19/16 09:03
Insulin Human Regular	SS LOW DOSE LOW INTENSITY SCALE: BI...	Q6	10/12/16 07:45		
Dextrose	16 gm	PRN PRN	10/12/16 11:45		10/12/16 12:41

PATIENT: EFUNNUGA, OLUTOKUNBO
CC:
REPORT #: 1020-0067
REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

Dextrose/Water	12.5 gm	PRN PRN	10/12/16 11:45		
Doxazosin Mesylate	1 mg	DAILY	10/13/16 09:00		10/19/16 09:03
Acetaminophen	500 mg	Q6H PRN	10/12/16 20:15		10/20/16 00:12
Docusate Sodium 100 mg	100 mg	BID	10/14/16 11:30		10/19/16 09:03
Gentamicin Sulfate/Sodium Chloride	52.75 ml @ 100 mls/hr	Q8	10/14/16 21:00		10/20/16 04:35
Risperidone 2 mg	2 mg	BID	10/15/16 12:15		10/19/16 09:03
Ceftriaxone Sodium	100 ml @ 100 mls/hr	DAILY	10/17/16 09:00		10/19/16 09:02
Haloperidol Lactate	5 mg	Q6 PRN	10/17/16 11:15		10/19/16 02:30
Guaifenesin	200 mg	Q4H PRN	10/17/16 11:30		10/19/16 04:22
Sodium Bicarbonate	3 meq	Q6	10/18/16 11:00		10/20/16 01:40
Albuterol/ Ipratropium	3 ml	Q6	10/18/16 10:28		10/20/16 01:39
Clonazepam 1 mg	1 mg	BID	10/19/16 10:45		10/19/16 11:29
Dexmedetomidine HCl 800 mcg/ Sodium Chloride	208 ml @ 0 mls/hr	Q0M PRN	10/19/16 10:34		10/20/16 03:10
Sodium Chloride	1,000 ml @ 100 mls/hr	Q10H	10/19/16 23:45		10/20/16 00:13

Titratable Med Infusions

PRECEDEX 0.8 mcg/Kg/Hr

(IRIARTE OPORTO, BLANCA E MD)**Active Meds Reviewed: Yes****(MANNS, STEPHENIE T MD)****Patient Data****Vital Signs 24 Hours**

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/20/16 06:00		107	28	120/59	96	Nasal Cannula	2.00	
10/20/16 05:00		101	39	116/60	100	Nasal Cannula	2.00	
10/20/16 04:00		106	43	119/62	99	Nasal Cannula	2.00	
10/20/16 04:00						Nasal Cannula	2.00	
10/20/16 03:00		104	35	118/61	96	Nasal Cannula	2.00	
10/20/16 02:00	37.6	108	29	120/58	97	Nasal Cannula	2.00	
10/20/16 01:57		109	18		98			

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1020-0067

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

10/20/16 01:40		108	33		98			
10/20/16 01:00		114	28	136/113	96	Nasal Cannula	2.00	
10/20/16 00:00						Nasal Cannula	2.00	
10/20/16 00:00	39.2	116	25	132/69	98	Nasal Cannula	2.00	
10/19/16 23:00		119	48	128/66	96	Nasal Cannula	2.00	
10/19/16 22:00		126	43	123/90	95	Nasal Cannula	2.00	
10/19/16 21:00		125	45	129/64	97	Nasal Cannula	2.00	
10/19/16 20:35		118	40		96			
10/19/16 20:00	39.2	131	53	134/66	96	Nasal Cannula	2.00	
10/19/16 20:00						Nasal Cannula	2.00	
10/19/16 19:00		128	43	107/69	94	Nasal Cannula	2.00	
10/19/16 18:00		111	34	128/69	96	Nasal Cannula	2.00	
10/19/16 17:00		112	40	135/66	97	Nasal Cannula	2.00	
10/19/16 16:00		115	35	146/69	95	Nasal Cannula	2.00	
10/19/16 15:42						Nasal Cannula	2.00	
10/19/16 15:35	38.5	103	40	131/65	95	Nasal Cannula	2.00	
10/19/16 15:00		101	43	124/58	95	Nasal Cannula	2.00	
10/19/16 14:00		99	30	105/91	99	Nasal Cannula	2.00	
10/19/16 13:49		97	20		98			
10/19/16 13:00		98	35	131/56	95	Nasal Cannula	2.00	
10/19/16 12:00						Nasal Cannula	2.00	
10/19/16 12:00	38.5	102	31	127/61	96	Nasal Cannula	2.00	
10/19/16 11:00		99	25	122/59	96	Nasal Cannula	2.00	
10/19/16 10:00		100	28	121/53	97	Nasal Cannula	2.00	
10/19/16 09:00		102	32	127/71	95	Nasal Cannula	2.00	
10/19/16 08:00						Nasal Cannula	2.00	
10/19/16 08:00		90	23		98			
10/19/16 08:00	37.4	90	29	125/62	99	Nasal Cannula	2.00	
10/19/16 07:00		84	22	125/64	98	Nasal Cannula	2.00	

Weight in Kg

92.60

Bedside Blood Glucose Last 24h**10/19/16 11:11:** POC Glucose 130**10/19/16 16:59:** POC Glucose 132**10/19/16 22:23:** POC Glucose 108**10/20/16 04:05:** POC Glucose 103

10/20/16 07:00	
Intake Total	3869.4 ml
Output Total	4276 ml
Balance	-406.6 ml
IV Total	2809.4 ml
Tube Feeding	585 ml

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1020-0067

REPORT STATUS: Signed

Mercy Fitzgerald Hospital
Critical Care Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

Tube Irrigant	475 ml
Output Urine Total	4276 ml
# Voids	4

Sedation Score Actual

0

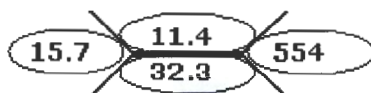
(IRIARTE OPORTO, BLANCA E MD)

Physical Exam**Appearance:** : Alert: Appears Stated Age: No Acute Distress**Head Exam:** : Moist Mucous Membranes: Normocephalic: Symmetric**HEENT:** : EOMI: Moist Mucous Membranes: PERRL: Sclera Anicteric**Thorax:** : Decreased Breath Sounds (On right lower field): No Accessory Muscle Use: Other (TACHYPNEIC)**Cardiovascular:** : Regular Rate Rhythm: TachycardiaNo: No JVD**Abdomen:** : Bowel Sounds Noted: Non-tender: Soft**Rectal Exam:** : Deferred**Skin:** : Skin Color Normal: Skin Temperature Normal: Skin Turgor Normal**Upper Extremity Appearance:** : Normal**Lower Extremity Appearance:** : Normal**Pulses:** Distal Pulses 2+**Mental Status:** Normal

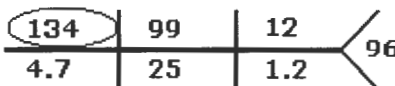
(IRIARTE OPORTO, BLANCA E MD)

Results**Results****Lab Results, CBC Diagram**

10/20/16 04:15

**Lab Results, BMP Diagram**

10/20/16 04:15

**PT/PTT/INR**

10/20/16 04:15:

Prothrombin Time 16.3, Prothromb Time International Ratio 1.4

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1020-0067

REPORT STATUS: Signed

Page 5 of 9

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

MERCY HEALTH SYSTEM LABORATORY
MERCY FITZGERALD HOSPITAL
1500 LANSDOWNE AVENUE
DARBY, PA 19023 (610)237-4742
SAMIA HENIEN, M.D. MEDICAL DIRECTOR

LABORATORY REPORT

NAME:EFUNNUGA,OLUTOKUNBO DOS: 10/07/16 LOC:FI5ICU
AGE/SEX:37/M DOB:03/06/1979 ACCT: FA1307223089 MR: F001250247
ATTEND DR: LITTMAN,MARIO, MD

KEY H - Abn High *H - Critical High * - High or Low(Alpha results) # - Delta Check
L - Abn Low *L - Critical Low * - Microbiology Abn Result

SPEC#:FI16:M0022636R COLLECTED:10/19/16-2231 RECEIVED: 10/19/16-2255
SUBMITTING DR: BORIKAR,MADHURA S MD CC: DOCTOR,NONE (FAMILY)
LITTMAN,MARIO, MD
MCNAMEE JR,WILLIAM B, MD
THOMPSON,TROY L MD
WALI,SALMAN MD

~
SOURCE: SPUTUM EXPECTORATED SPUTUM

Procedure	Result	Verified	Site
RESPIRATORY CULTURE	Preliminary		10/19/16-2312
GRAM STAIN RESULT	*		
	MANY WHITE BLOOD CELLS		
	MODERATE EPITHELIAL CELLS		
	MANY GRAM POSITIVE COCCI IN PAIRS		
	MODERATE GRAM POSITIVE COCCI IN CHAINS		
	FEW GRAM NEGATIVE RODS		

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1020-0067
REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

NAME: EFUNNUGA,OLUTOKUNBO UNIT: F001250247
ACCT: FA1307223089
PRINTED:10/19/16 2312 PAGE: ** END OF REPORT **

Diagnostics Reviewed: Yes

Imaging

Liver US: subcentimeter echodense lesion within the anterior segment of the right hepatic lobe, probably hemangioma measuring 6 x 7 x 7 mm.

(IRIARTE OPORTO,BLANCA E MD)

Diagnostics Reviewed: Yes

Imaging

I personally reviewed pCXR from 10/18:

IMPRESSION: Dobhoff tube terminates in stomach. Large right loculated pleural effusion slightly increased from prior imaging. Associated right-sided opacities may reflect atelectasis, however, underlying pneumonia is not excluded.

(MANN,STEPHENIE T MD)

Quality

Discussed Care Plan with: Patient

Code Status: Full Code

(IRIARTE OPORTO,BLANCA E MD)

Lines Tubes and Catheter: PICC ((10/11/2016)), Other (Texas Catheter)

(IRIARTE OPORTO,BLANCA E MD)

VTE Prophylaxis Ordered: Yes

(IRIARTE OPORTO,BLANCA E MD)

Indwelling Foley Catheter: No

(IRIARTE OPORTO,BLANCA E MD)

Central Venous Catheter: No

(IRIARTE OPORTO,BLANCA E MD)

1:1 Sitter: Continued

Non-Violent Restraints: Continued

(IRIARTE OPORTO,BLANCA E MD)

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1020-0067

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

Impression and Plan

Assessment

Problem List:

- (1) Alcohol withdrawal delirium
- (2) Acute respiratory failure with hypoxia and hypercapnia
- (3) Pleural effusion
- (4) LFTs abnormal
- (5) Aspiration pneumonia
- (6) Bacteremia
- (7) Suicidal overdose
- (8) Drug overdose
- (9) HIV (human immunodeficiency virus infection)

Chronic Problems: (IRIARTE OPORTO,BLANCA E MD)

Problem List:

- (1) Pleural effusion
- (2) Aspiration pneumonia
- (3) Alcohol withdrawal delirium
- (4) LFTs abnormal
- (5) Bacteremia
- (6) HIV (human immunodeficiency virus infection)
- (7) Suicidal overdose

Chronic Problems: (MANNS,STEPHENIE T MD)

Management Plan

Plan

NEU:

- will continue Haldol PRN Q6 for agitation.
- We will follow up with Psych evaluation in regards of 302 status.
- We will titrate down Precedex drip as tolerated

CV:

- Patient appears hemodynamically stable overnight.
- No major issues noted overnight.

PULM:

- Tachypneic, saturating at 96% on 2 L via NC.
- CXR shows: right lung hyperdensities and right loculated-pleural effusion slightly increased from previous imaging, impressive of Pneumonia/aspiration PNA.
- We will obtain Chest CT and consult IR for thoracocentesis
- Continue with neb Bicarbonate with BD, bronchodilators standing, chest PT, frequent suction
- Pulmonary Toilette
- Preliminary sputum cultures results showed: Many gram positive cocci in clusters, moderate gram positive cocci in chains and few gram negative rods.

GI:

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1020-0067

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

-
- No acute issues.
 - Continue with Colace/Miralax for constipation.
 - Duffhob Tube was placed yesterday.
 - LFTs trending down

GU:

- Serum Cr is normal: 1.1 this AM.

ID:

- WBC trended down, 15 this AM from 20 yesterday.
- Blood cultures are negative to date we will follow up with final result
- f/u Sputum cultures for Pneumocystis and final urine culture
- Continue with ceftriaxone & gentamicin.

HEME/ONC:

- will continue DVT prophylaxis with Enoxaparin.

ENDO:

- No acute issues.
- Continue accuchecks and Regular insulin SS
- Keep sugars <180 and >60

F/E/N:

- Patient sodium is 134.
- Will continue to monitor and replete electrolytes as needed.

SOCIAL:

Full code.

NOK: Sheree Bradham (484) 420-5809 Mother

Ellis Bradham (610) 348-4661 Father

TosIn Efunnuga 267-918-4065 Sister

(IRIARTE OPORTO,BLANCA E MD)

Additional Information

Condition: Critical

Critical Care Time (mins): 40 (excluding procedures and teaching)

(MANNS,STEPHENIE T MD)

Attestation Statement

I have seen and evaluated the patient, reviewed and discussed the plan of care with house staff, and agree as documented with the following comments:

(IRIARTE OPORTO,BLANCA E MD)

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1020-0067

REPORT STATUS: Signed

Page 9 of 9

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

Attestation Statement

I have seen and evaluated the patient, reviewed and discussed the plan of care with house staff, and agree as documented with the following comments:

Continued fevers with pleuritic chest pain and loculated pleural effusion.
Mental status improved and will d/w IR for repeat attempt for thoracentesis given concern for loculated effusion with possible empyema
Sending for CT scan chest today.
S/p bacteremia, now cleared. Continues on ceftriaxone and gent, ID following.
weaning precedex given improved mental status. S/p ETOH w/d, continue close monitoring.
Following abnormal LFTs.
HIV, ID following. Not currently on HAART
Continues on 1:1 observation, psych consulted
TF nutrition restarted.
Increase his bowel regimen for constipation.
D/w ICU RN and team
(MANNS,STEPHENIE T MD)

IRIARTE OPORTO,BLANCA E MD
MANNS,STEPHENIE T MD

Oct 20, 2016 06:34
Oct 20, 2016 10:43

<Electronically signed by BLANCA E IRIARTE OPORTO, MD> 10/20/16 1807
<Electronically signed by STEPHENIE T MANNS, MD> 10/20/16 1049

IRIABL / BIO / DD 10/20/16 0634 / DT 10/20/16 0634

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1020-0067
REPORT STATUS: Signed

Mercy Fitzgerald Hospital Infectious Disease Progress No

PATIENT: EFUNNUGA, OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1020-0488
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN, MARIO, MD
PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/20/16 18:31

Service: Infectious Disease

Subjective

Pt alert, verbal, disoriented to time and place, Tm 101-102, s/p right thoracentesis, no emesis or increase stool formation

Objective

Patient Data

Vital Signs, Last Documented

Date Time	Temp	Pulse	Resp	B/P	Pulse O ₂	O ₂ Delivery	O ₂ Flow Rate	FiO ₂
10/20/16 17:00		135	46	158/72	96	Nasal Cannula	2.00	
10/20/16 16:11	38.4							

Weight in Kg

93.00

Bedside Blood Glucose

10/20/16 17:06: POC Glucose 109

Physical Exam

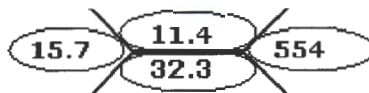
Tm 101-102

anicteric pupils reactive nasogastric tube intact no stridor or meningismus lung decreased bs bases no cardiac m/r appreciated abd hypoactive nontender no guarding or pulsation no peripheral edema iv access intact Neuro no tremor appreciated, on pupils reactive no facial asymmetry moves all ext. plantars down

Results

Lab Results, CBC Diagram

10/20/16 04:15



Lab Results, BMP Diagram

10/20/16 04:15

PATIENT: EFUNNUGA, OLUTOKUNBO
CC:
REPORT #: 1020-0488
REPORT STATUS: Signed

Page 2 of 2

Mercy Fitzgerald Hospital
Infectious Disease Progress No

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

134	99	12	96
4.7	25	1.2	

PT/PTT/INR

10/20/16 04:15:

Prothrombin Time 16.3, Prothromb Time International Ratio 1.4

new c/s pending

Imaging

reviewed

Impression and Plan
Plan

bacteremia: strep mitis, repeat blood c/ sterile, echocardiogram= n o vegetations or valvular abnormality,
 recommend TEE when logistically feasible

pneumonia: aspiration, complicated by right effusion, s/p thoracentesis, and cavitary formation

right pleural effusion: s/p thoracentesis fluid analysis pending

HIVD: moderately advanced, CD4 240-300

elevated temperature: recurrent, new c/s analysis pending

confusion: analysis active,

leukocytosis: follow resonse to intervention

abx mgmt: continue combination parental ceftriaxone and gentamicin

discussed clinical presentation with icu nursing staff

recommend TEE when logistically feasible

GILBERT, MARK, MD

Oct 20, 2016 18:37

<Electronically signed by MARK GILBERT, MD> 10/20/16 1837

GILBMA / MG / DD 10/20/16 1837 / DT 10/20/16 1837

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1020-0488

REPORT STATUS: Signed

Mercy Fitzgerald Hospital Critical Care Progress Note

PATIENT: EFUNNUGA,OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1021-0029
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN,MARIO, MD
PCP: DOCTOR,NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/21/16 06:03

(IRIARTE OPORTO,BLANCA E MD)

Subjective

Hospital LOS days: 15

ICU LOS: 15

Subjective

Patient was seen and examined at bedside. Patient is calm, awake and alert. He mentioned a disorientation episode overnight which made him feel agitated. At the moment of my examination he only reports back pain 7/10, diffuse, on the rib cage. He also complaints of pain on the thoracocentesis site. Overnight patient heart rate went up to 150s and he became very agitated, he wanted to leave and got up of bed, he received Lopressor and security was called. Posteriorly the heart rate went down to 120s.

(IRIARTE OPORTO,BLANCA E MD)

Review of Systems

Constitutional: : Fatigue: General Weakness Denies: Dizziness

Head and Neck: Denies: Headache

Eyes: Denies: Blurred Vision

Ears, Nose, Mouth, Throat: Denies: Bleeding Gums

Cardiology: : Palpitations Denies: Chest Pain

Respiratory: : Cough: Sputum Production

Gastrointestinal: Denies: Abdominal Distention, Abdominal Pain

Genitourinary: Denies: Change in Urine Stream

Musculoskeletal: : Back Pain

Hematologic: Denies: Anemia

Psychiatric: : Anxiety: Depressed: Suicidal Ideation (IRIARTE OPORTO,BLANCA E MD)

Objective

Active Meds Reviewed: Yes

Medications

Medications Active List

Medications	Dose Ordered	Sig/Sch	Start Time Stop Time	Status	Last Admin
Folic Acid	1 mg	DAILY	10/11/16 09:00		10/20/16 09:23

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1021-0029
REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

Thiamine HCl	100 mg	DAILY	10/11/16 09:00		10/20/16 09:23
Enoxaparin Sodium	40 mg	DAILY	10/11/16 10:45		10/20/16 09:24
Insulin Human Regular	SS LOW DOSE LOW INTENSITY SCALE: BI...	Q6	10/12/16 07:45		
Dextrose	16 gm	PRN PRN	10/12/16 11:45		10/12/16 12:41
Dextrose/Water	12.5 gm	PRN PRN	10/12/16 11:45		
Doxazosin Mesylate	1 mg	DAILY	10/13/16 09:00		10/20/16 09:23
Docusate Sodium	100 mg	BID	10/14/16 11:30		10/20/16 09:23
Risperidone 2 mg	2 mg	BID	10/15/16 12:15		10/20/16 20:27
Ceftriaxone Sodium	100 ml @ 100 mls/hr	DAILY	10/17/16 09:00		10/20/16 09:24
Haloperidol Lactate	5 mg	Q6 PRN	10/17/16 11:15		10/21/16 04:22
Guaifenesin	200 mg	Q4H PRN	10/17/16 11:30		10/19/16 04:22
Sodium Bicarbonate	3 meq	Q6	10/18/16 11:00		10/20/16 20:58
Albuterol/ Ipratropium	3 ml	Q6	10/18/16 10:28		10/20/16 09:01
Clonazepam 1 mg	1 mg	BID	10/19/16 10:45		10/20/16 20:26
Dexmedetomidine HCl 800 mcg/ Sodium Chloride	208 ml @ 0 mls/hr	Q0M PRN	10/20/16 10:45		
Gentamicin Sulfate/Sodium Chloride	53 ml @ 100 mls/hr	Q8	10/20/16 10:49		10/21/16 04:58
Polyethylene Glycol 17 gm	17 gm	DAILY	10/20/16 11:00		10/20/16 16:26
Metronidazole/ Sodium Chloride	100 ml @ 200 mls/hr	Q8	10/20/16 21:00		10/21/16 04:57
Acetaminophen	650 mg	Q4H PRN	10/20/16 19:30		10/20/16 19:58

(IRIARTE OPORTO, BLANCA E MD)**Active Meds Reviewed: Yes****(MANNS, STEPHENIE T MD)****Patient Data**

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1021-0029

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

Vital Signs, Last Documented

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/21/16 05:17		132		149/59				
10/21/16 05:00			40		95	Nasal Cannula	2.00	
10/21/16 04:00	38.0							

Weight in Kg

93.00

Bedside Blood Glucose Last 24h

10/20/16 12:00: POC Glucose 93

10/20/16 17:06: POC Glucose 109

10/20/16 22:41: POC Glucose 120

	10/20/16 15:00	10/20/16 23:00	10/21/16 07:00
Intake Total	461.5 ml	2353 ml	700 ml
Output Total	1250 ml	800 ml	
Balance	-788.5 ml	1553 ml	700 ml

Sedation Score Actual

0

(IRIARTE OPORTO,BLANCA E MD)

Physical Exam**Appearance:** : Alert: Appears Stated Age: Cooperative: No Acute Distress**Head Exam:** : Moist Mucous Membranes: Normocephalic: Symmetric**HEENT:** : EOMI: Moist Mucous Membranes: Other (ORAL THRUSH): PERRL: Sclera Anicteric**Thorax:** : Decreased Breath Sounds (BILATERALLY): Other (Thoracocentesis site tender to palpation, dressing is clean.)**Cardiovascular:** : No JVD: Regular Rate Rhythm: Tachycardia**Abdomen:** : Bowel Sounds Noted: Non-distended: Non-tender: Soft**Skin:** : Skin Color Normal: Skin Temperature Normal: Skin Turgor Normal**Pulses:** Distal Pulses 2+**Mental Status:** Alert and Oriented x 3**Follows Commands:** Yes

(IRIARTE OPORTO,BLANCA E MD)

Results**Results****Lab Results, CBC Diagram**

10/21/16 05:00

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

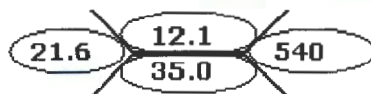
REPORT #: 1021-0029

REPORT STATUS: Signed

Mercy Fitzgerald Hospital Critical Care Progress Note

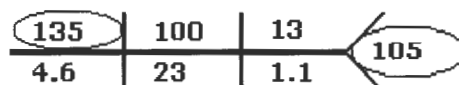
PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247



Lab Results, BMP Diagram

10/21/16 05:00

**Diagnostics Reviewed:** Yes**Imaging**

Chest CT: Consolidation throughout bilateral lower lobes, small cavitory component in left lower lobe, large cavitory component in superior segment of right lower lobe measuring up to 6.4 cm. Possible bronchopleural fistula is not excluded. Small to moderate loculated right effusion with underlying hydropneumothorax from recently performed thoracentesis.

(IRIARTE OPORTO, BLANCA E MD)

Resp cx 10/19:

organism 1
GROWTHGRAM NEGATIVE ROD
MODERATE**Diagnostics Reviewed:** Yes**Imaging****IMPRESSION:**

1. Extensive consolidation throughout bilateral lower lobes most concerning for aspiration.
2. Small cavitory component in left lower lobe. Large cavitory component in superior segment of the right lower lobe measuring up to 6.4 cm. Underlying bronchopleural fistula is not excluded. Recommend short-term follow-up with chest CT.
3. Small to moderate loculated right effusion with underlying hydropneumothorax from recently performed thoracentesis. The pleural effusion could be parapneumonic or could represent empyema. Correlate with the result of recently performed thoracentesis.

(MANNS, STEPHENIE T MD)**Quality****Discussed Care Plan with:** Patient**Code Status:** Full Code**(IRIARTE OPORTO, BLANCA E MD)****Lines Tubes and Catheter:** PICC (LEFT UPPER EXTREMITY (10/11/2016)), Other (DUBHOFF TUBE)**Line Necessity Addressed:** Yes**(IRIARTE OPORTO, BLANCA E MD)****VTE Prophylaxis Ordered:** Yes**(IRIARTE OPORTO, BLANCA E MD)****Indwelling Foley Catheter:** No**(IRIARTE OPORTO, BLANCA E MD)****Central Venous Catheter:** No**(IRIARTE OPORTO, BLANCA E MD)****Non-Violent Restraints:** Continued

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1021-0029

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

(IRIARTE OPORTO, BLANCA E MD)

Impression and Plan

Assessment

Problem List:

- (1) Severe sepsis
- (2) Aspiration pneumonia
- (3) Pleural effusion
- (4) Alcohol withdrawal delirium
- (5) LFTs abnormal
- (6) Oral thrush
- (7) Suicidal overdose
- (8) Drug overdose
- (9) Hyponatremia
- (10) HIV (human immunodeficiency virus infection)
- (11) Nicotine dependence

Chronic Problems: (IRIARTE OPORTO, BLANCA E MD)

Management Plan

Plan

NEU:

- Will continue Haldol PRN Q6 and Clonazepam.
- We will follow up with Psych evaluation in regards of 302 status.
- Pain control with Acetaminophen.
- We will add Hydromorphone to the pain regimen

CV:

- Overnight patient was tachycardic, possible secondary to sepsis vs. withdrawal symptoms vs. anxiety vs. pulmonary infection?/pain s/p thoracocentesis.
- We will continue monitoring Vital Signs.

PULM:

- Tachypneic, saturating at 96% on 2 L via NC.
- Cavitory lesions showed in CT are impressive of anaerobes pneumonia most likely secondary to aspiration. We will add Metronidazole.
- S/p thoracocentesis
- Continue with neb bronchodilators standing, frequent suction
- F/U with final results of sputum culture
- F/U with pleural fluid results.

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1021-0029

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

GI:

- No acute issues.
- Continue with Colace/Miralax for constipation.
- Duffhob Tube in place.
- LFTs trending down, possible secondary to acute liver damage secondary to Sepsis.

GU:

- Serum Cr is normal: 1.1 this AM.

ID:

- WBC trended up.
- Patient has 4/4 SIRS criteria + several lung infection foci with acute liver failure (Increased INR and AST/ALT/Bilirubin)
- Blood cultures are negative to date we will follow up with final result
- f/u Sputum cultures for Pneumocystis and final urine culture
- Continue with ceftriaxone/gentamicin/metronidazole
- We added Metronidazole for anaerobic coverage.
- Echocardiogram showed NO vegetations or valvulopathy.
- ID recommended to draw an sterile blood culture
- Surgery evaluated the patient and recommended conservative management, we will follow up with surgery interventions.
- We will add: Nystatin suspension if Speech clears him.
- CD4 count is: 245 (Low)
- We will order a Gentamicin through on the 23rd

HEME/ONC:

- INR is elevated, possible secondary to liver failure.
- Will continue DVT prophylaxis with Enoxaparin.

ENDO:

- No acute issues.
- Continue accuchecks and Regular insulin SS
- Keep sugars <180 and >60

F/E/N:

- Patient sodium is 135. Improved from yesterday.
- We will continue with tube feeds.
- Will continue to monitor and replete electrolytes as needed.

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1021-0029

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

SOCIAL:

Full code.

NOK: Sheree Bradham (484) 420-5809 Mother

Ellis Bradham (610) 348-4661 Father

Tosin Efunnuga 267-918-4065 Sister

(IRIARTE OPORTO,BLANCA E MD)

Additional Information

Condition: Critical

Critical Care Time (mins): 40 (excluding procedures and teaching)

(MANNS,STEPHENIE T MD)

Attestation Statement

I have seen and evaluated the patient, reviewed and discussed the plan of care with house staff, and agree as documented with the following comments:

(IRIARTE OPORTO,BLANCA E MD)

Attestation Statement

I have seen and evaluated the patient, reviewed and discussed the plan of care with house staff, and agree as documented with the following comments:

Concern as he continues to have severe sepsis with sinus tach/tachypnea overnight.

CT scan c/w extensive pleura disease, multiple cavitary lesions, likely abscess with air fluid level and possible bronchopulmonary fistula.

Discussed with thoracic surg atg today and will evaluate images. given conservative management with broad abx of ceftriaxone/gent (day 11) and flagyl (day2) for better anaerobic coverage.

ID following and recommending TEE.

HIV with low CD4 count, not on HAART.

new sputum cx from 10/19 showing continued GNR.

patient awake, alert and off precedex. will give prn dilaudid for likely extensive pleurisy.

SLP evaluation and following.

No foley, PICC in place, lovenox for vte ppx

TF nutrition.

D/w ICU RN and team.

(MANNS,STEPHENIE T MD)

IRIARTE OPORTO,BLANCA E MD

Oct 21, 2016 06:09

MANNS,STEPHENIE T MD

Oct 21, 2016 10:06

<Electronically signed by BLANCA E IRIARTE OPORTO, MD> 10/21/16 1350

<Electronically signed by STEPHENIE T MANNS, MD> 10/21/16 1019

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1021-0029

REPORT STATUS: Signed

Page 8 of 8

Mercy Fitzgerald Hospital
Critical Care Progress Note

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

IRIABL / BIO / DD 10/21/16 0609 / DT 10/21/16 0609

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1021-0029
REPORT STATUS: Signed

Mercy Fitzgerald Hospital Internal Med Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1021-0191
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN, MARIO, MD
PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/21/16 09:21

Subjective

pt seen, resting in bed, chart reviewed, case d/w ICU staff at length

Objective

Patient Data

Vital Signs, Last Documented

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/21/16 08:42		118	26					
10/21/16 07:36						Nasal Cannula	4.00	
10/21/16 06:00				142/68	96			
10/21/16 04:00	38.0							

Weight in Kg

93.00

Bedside Blood Glucose

10/20/16 22:41: POC Glucose 120

Appearance: : No Acute Distress

Thorax: : Decreased Breath Sounds

Cardiovascular: : Regular Rate Rhythm

Abdominal Inspection: : Normal

Abdomen: : Bowel Sounds Noted

Results

Lab Results, CBC Diagram

10/21/16 05:00



Lab Results, BMP Diagram

10/21/16 05:00

PATIENT: EFUNNUGA, OLUTOKUNBO
CC:
REPORT #: 1021-0191
REPORT STATUS: Signed

Page 2 of 2

Mercy Fitzgerald Hospital
Internal Med Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

135	100	13	105
4.6	23	1.1	

PT/PTT/INR

10/21/16 05:00:

Prothrombin Time 16.4, Prothromb Time International Ratio 1.4

Impression and Plan**Problem List:****(1) Aspiration pneumonia****Impression and Plan:** CT noted, s/p attempted drainage of loculations, need CT surg eval, flagyl added, continue gentamicin and Rocephin**(2) Acute respiratory failure with hypoxia and hypercapnia****Impression and Plan:** continue to monitor respiratory status**(3) AKI (acute kidney injury)****Impression and Plan:** Resolved**(4) Toxic encephalopathy****Impression and Plan:** continue with close clinical monitoring**Chronic Problems:**

HAMID, SAMMY, MD

Oct 21, 2016 09:25

<Electronically signed by SAMMY HAMID, MD> 10/22/16 0608

HAMISA / SH / DD 10/21/16 0925 / DT 10/21/16 0925

PATIENT: EFUNNUGA, OLUTOKUNBO
 CC:
 REPORT #: 1021-0191
 REPORT STATUS: Signed

Mercy Fitzgerald Hospital General Surgery Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1021-0213
ROOM/BED: 417-02
SEX: M
ATTENDING: LITTMAN, MARIO, MD
PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/21/16 10:04

Service: General Surgery

Subjective

Patient seen and examined. No acute events overnight.

Appetite: tube feeds

Sleep: Fairly Good

Objective

Vital Signs, Last Documented

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/21/16 09:00		115	35	151/66	98	Nasal Cannula		
10/21/16 08:00	37.9						2.00	

Weight in Kg

93.00

Bedside Blood Glucose

10/20/16 22:41: POC Glucose 120

Physical Exam

General: no apparent distress, appears stated age

HNT: moist mucous membranes

Eyes: sclera anicteric

Thorax: clear to auscultation bilaterally, equal expansion

Cardiovascular: no jugular venous distension, no murmurs, pulse regular rate and rhythm

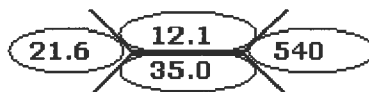
Abdomen: soft, non-tender, non-distended, bowel sounds noted

Extremities: no cyanosis, pulses 2+ bilaterally

Neurologic: alert/awake/oriented, grossly no abnormalities

Lab Results, CBC Diagram

10/21/16 05:00



Lab Results, BMP Diagram

10/21/16 05:00

PATIENT: EFUNNUGA, OLUTOKUNBO
CC:
REPORT #: 1021-0213
REPORT STATUS: Signed

Mercy Fitzgerald Hospital
General Surgery Progress Note

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

135	100	13	105
4.6	23	1.1	

Impression and Plan**Management Plan****Plan****Plan**

37M with past history of HIV, anxiety, and polysubstance abuse who was admitted after being found unresponsive at home. He has intubated on arrival on 10/17/16 and was extubated on 10/15/16. Since that time his chest x-rays have demonstrated right lower lobe consolidation and an increasing right pleural effusion, leading to failed attempts at IR drainage. Chest CT performed on 10/20/16 demonstrates a small to moderate loculated right effusion. Thoracic surgery is being consulted for evaluation and possible intervention for the patient's right loculated pleural effusion. Failed IR thoracentesis due to loculated pleural effusion

Plan

Continue care per ICU

Continue IV antibiotics

Continue feeds as tolerated

Continue to monitor respiratory status

Will follow

RAO,SANDHYA R MD

Oct 21, 2016 10:07

<Electronically signed by SANDHYA R RAO, MD> 10/21/16 1007

<Electronically signed by HAJI M SHARIFF, MD> 10/28/16 1143

RAOSAN / SR / DD 10/21/16 1007 / DT 10/21/16 1007

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1021-0213

REPORT STATUS: Signed

Mercy Fitzgerald Hospital Infectious Disease Progress No

PATIENT: EFUNNUGA,OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1021-0396
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN,MARIO, MD
PCP: DOCTOR,NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/21/16 16:21

Service: Infectious Disease

Subjective

Pt alert, oriented to time and person and place, no fever sore throat Tm 98-99, dyspnea persists no abdominal discomfort

Objective

Patient Data

Vital Signs, Last Documented

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/21/16 16:00	39.5	127	38	145/82	98	Nasal Cannula	2.00	

Weight in Kg

93.00

Bedside Blood Glucose

10/21/16 11:38: POC Glucose 112

Physical Exam

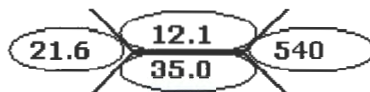
Tm 98-00

anicteric ng intact no stridor or meningismus decreased bs bases abd active bs nontender no guarding or pulsation
iv access intact sl r intact Neuro no tremor appreciated cn intact ms 5/5 upper and lower plantars down

Results

Lab Results, CBC Diagram

10/21/16 05:00



Lab Results, BMP Diagram

10/21/16 05:00

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1021-0396
REPORT STATUS: Signed

Page 2 of 2

Mercy Fitzgerald Hospital
Infectious Disease Progress No

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

135	100	13	105
4.6	23	1.1	

PT/PTT/INR

10/21/16 05:00:

Prothrombin Time 16.4, Prothromb Time International Ratio 1.4

repeat blood c/s sterile

Imaging

reviewed

Impression and Plan
Plan

bacteremia: strep mitis, repeat blood c/ sterile, echocardiogram= n o vegetations or valvular abnormality,
 recommend TEE when logistically feasible

pneumonia: aspiration, complicated by right effusion, and cavitory formation

right pleural effusion: s/p thoracentesis yield less 2 ml fluid

HIVD: moderately advanced, CD4 240-300

elevated temperature: recurrent, presently resolved, new c/s sterile

confusion: resolving

leukocytosis: follow response to intervention

abx mgmt: continue combination parental ceftriaxone and gentamicin If serum creatinine rises above 1.5 mg/dl

please discontinue gentamicin

discussed clinical presentation with pt and icu nursing staff

recommend TEE when logistically feasible

GILBERT, MARK, MD

Oct 21, 2016 16:25

<Electronically signed by MARK GILBERT, MD> 10/21/16 1626

GILBMA / MG / DD 10/21/16 1625 / DT 10/21/16 1625

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1021-0396

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1022-0015
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN,MARIO, MD
PCP: DOCTOR,NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/22/16 05:18

(PATEL,SANSKRUTI MD)

Subjective

Hospital LOS days: 16

ICU LOS: 16

Subjective

Patient was seen and examined at bedside. Patient was lying in bed and reported uncombed and chest pain in b/l lateral side of chest and sternal area. denied any difficulty in breathing.

Overnight patient tried to stand up and he was talking about god, flashes, chasing something. I talked with patient and he calm down. He remain on and off confuse overnight.

Patient continue having 1:1 observation. His HR remain 130s - 150s and RR 40s overnight. He refuse Dilaudid for pain.

(PATEL,SANSKRUTI MD)

Review of Systems

Constitutional: : Fatigue: Fever: General Weakness

Head and Neck: Denies: Headache

Eyes: Denies: Blindness, Blurred Vision

Ears, Nose, Mouth, Throat: : Oral LesionDenies: Bleeding Gums, Earache, Epistaxis, Nasal Discharge

Neurological: Denies: Focal Weakness, Numbness, Paresthesia

Cardiology: : Chest Pain: Edema: Exertional DyspneaDenies: PVD, Palpitations, Syncope

Respiratory: : Breathing Worse: Orthopnea: Pleuritic Pain: SOBDenies: Cough, Hemoptysis, Sputum Production

Gastrointestinal: Denies: Abdomen Tender, Abdominal Distention, Abdominal Pain, Constipation, Diarrhea

Genitourinary: Denies: Dysuria, Urinary Frequency, Urinary Urgency

Musculoskeletal: Denies: Incisional Pain, Joint Pain

Integumentary: : DrynessDenies: Pruritus, Rash

Endocrine: Denies: Flushing

Hematologic: : Anemia

Psychiatric: : Anxiety: Delusions (PATEL,SANSKRUTI MD)

Objective

Active Meds Reviewed: Yes

Medications

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1022-0015
REPORT STATUS: Signed

Mercy Fitzgerald Hospital
Critical Care Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

Medications Active List

Medications	Dose Ordered	Sig/Sch	Start Time Stop Time	Status	Last Admin
Folic Acid	1 mg	DAILY	10/11/16 09:00		10/21/16 09:43
Thiamine HCl	100 mg	DAILY	10/11/16 09:00		10/21/16 09:44
Enoxaparin Sodium	40 mg	DAILY	10/11/16 10:45		10/21/16 09:43
Insulin Human Regular	SS LOW DOSE LOW INTENSITY SCALE: BL...	Q6	10/12/16 07:45		
Dextrose	16 gm	PRN PRN	10/12/16 11:45		10/12/16 12:41
Dextrose/Water	12.5 gm	PRN PRN	10/12/16 11:45		
Doxazosin Mesylate	1 mg	DAILY	10/13/16 09:00		10/21/16 09:43
Docusate Sodium	100 mg	BID	10/14/16 11:30		10/21/16 09:43
Risperidone 2 mg	2 mg	BID	10/15/16 12:15		10/21/16 20:01
Ceftriaxone Sodium	100 ml @ 100 mls/hr	DAILY	10/17/16 09:00		10/21/16 09:44
Haloperidol Lactate	5 mg	Q6 PRN	10/17/16 11:15		10/21/16 04:22
Guaifenesin	200 mg	Q4H PRN	10/17/16 11:30		10/19/16 04:22
Albuterol/ Ipratropium	3 ml	Q6	10/18/16 10:28		10/21/16 13:41
Clonazepam 1 mg	1 mg	BID	10/19/16 10:45		10/21/16 21:17
Gentamicin Sulfate/Sodium Chloride	53 ml @ 100 mls/hr	Q8	10/20/16 10:49		10/22/16 04:57
Polyethylene Glycol 17 gm	17 gm	DAILY	10/20/16 11:00		10/21/16 09:43
Metronidazole/ Sodium Chloride	100 ml @ 200 mls/hr	Q8	10/20/16 21:00		10/22/16 04:57
Acetaminophen	650 mg	Q4H PRN	10/20/16 19:30		10/21/16 20:01
Nystatin	500 mu	QID	10/21/16 13:00		10/21/16 21:18
Hydromorphone HCl	1 mg	Q3H PRN	10/21/16 10:15		10/22/16 00:31
Hydromorphone HCl	2 mg	Q3 PRN	10/21/16 10:15		10/21/16 22:55

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1022-0015

REPORT STATUS: Signed

Mercy Fitzgerald Hospital Critical Care Progress Note

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

(PATEL,SANSKRUTI MD)

Patient Data**Vital Signs, Last Documented**

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/22/16 05:00		152	45	155/80	95	Nasal Cannula	2.00	
10/22/16 03:00	38.5							

Weight in Kg

93.00

Bedside Blood Glucose Last 24h

10/21/16 11:38: POC Glucose 112

10/21/16 16:27: POC Glucose 159

	10/22/16 06:59
Intake Total	2223 ml
Output Total	2700 ml
Balance	-477 ml
Intake Oral	360 ml
IV Total	153 ml
Tube Feeding	1260 ml
Tube Irrigant	450 ml
Output Urine Total	2700 ml
# Bowel Movements	1

Sedation Score Actual

1

(PATEL,SANSKRUTI MD)

Physical Exam**Appearance:** : Alert: Appears Stated Age: Cooperative: Mild Distress**Head Exam:** : Normocephalic**HEENT:** : EOMI: Sclera Anicteric**Thorax:** : Accessory Muscle Use (tachypnea): Other (shallow and rapid breathing): Stridor: Wheezing**Cardiovascular:** : No JVD: Tachycardia**Abdomen:** : Non-distended: Non-tender: Soft**Skin:** : Skin Color Normal: Skin Temperature Normal: Skin Turgor Normal**Upper Extremity Appearance:** : Normal**Lower Extremity Appearance:** : Normal**Pulses:** Distal Pulses 2+

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1022-0015

REPORT STATUS: Signed

Mercy Fitzgerald Hospital Critical Care Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

Mental Status: Abnormal**CN II - XII:** No: Fourth Nerve Palsy, Sixth Nerve Palsy, Third Nerve Palsy (**PATEL, SANSKRUTI MD**)**Results****Results****Lab Results, CBC Diagram**

10/22/16 05:13

**Lab Results, BMP Diagram**

10/22/16 05:13

**Arterial Blood Gas**

10/7/16 17:00:

Venous Blood pH 7.43, Venous Blood pH (Temp Corrected) 7.43, Venous Blood Partial Pressure CO2 47.1, Venous Blood pCO2 (Temp Corrected) 47.1, Venous Blood Partial Pressure O2 91.1, Venous Blood pO2 (Temp Corrected) 91.1, Venous Blood HCO3 31.3, Venous Bld O2 Saturation (Measured) 97.2, Venous Blood Base Excess 6.2, Bedside Sodium (Blood Gas) 139, Bedside Potassium (Blood Gas) 6.0, Bedside Chloride (Blood Gas) 104, Ionized Calcium (Blood Gas) 1.12

10/8/16 06:15: Allen Test Pos

10/14/16 04:57:

Arterial Blood pH 7.44, Arterial Blood pH (Temp corrected) 7.44, Arterial Blood Partial Pressure CO2 43.5, Arterial Blood pCO2 (Temp correct) 43.5, Arterial Blood Partial Pressure O2 94, Arterial Blood pO2 (Temp corrected) 93.5, Arterial Blood HCO3 29.5, Arterial Bld O2 Saturation (Measur) 97.7, Arterial Blood Base Excess 4.8, Arterial Blood Hematocrit 37.5, Arterial Blood Sodium 140, Arterial Blood Potassium 3.8, Chloride (Blood Gas) 104, Ionized Calcium (Measured) (Bld Gas) 1.18, Lactate (Blood Gas) 1.0, Blood Gas Temperature 98.6, Oxygen Delivery Device Aerm, Blood Gas Ventilator Setting 24, FiO2 40.0, Blood Gas Tidal Volume 450, Blood Gas PEEP 5.0

Diagnostics Reviewed: Yes**Imaging**

Chest X ray- Right lung consolidation, with right pleural effusion, Unable to see right costophrenic angle.

(PATEL, SANSKRUTI MD)**Quality****Discussed Care Plan with:** Patient**Code Status:** Full Code**(PATEL, SANSKRUTI MD)****Lines Tubes and Catheter:** PICC (left UE, 10/11/16), Other (Dubhoff (10/19/16))**Line Necessity Addressed:** Yes**(PATEL, SANSKRUTI MD)**

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1022-0015

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

VTE Prophylaxis Ordered: Yes
(PATEL,SANSKRUTI MD)
Indwelling Foley Catheter: No
(PATEL,SANSKRUTI MD)
Central Venous Catheter: No
(PATEL,SANSKRUTI MD)
1:1 Sitter: Continued
Non-Violent Restraints: Continued
(PATEL,SANSKRUTI MD)

Impression and Plan

Problem List:

- (1) Severe sepsis
- (2) Aspiration pneumonia
- (3) Oral thrush
- (4) Pleural effusion

Chronic Problems:

- (1) Nicotine dependence
- (2) Suicide and self-inflicted poisoning by drugs and medicinal substances
- (3) HIV (human immunodeficiency virus infection)
- (4) On mechanically assisted ventilation
- (5) Alcohol withdrawal
- (6) Polysubstance abuse
- (7) Antisocial personality disorder in adult (PATEL,SANSKRUTI MD)

Problem List:

- (1) Aspiration pneumonia
- (2) Empyema
- (3) Suicidal overdose
- (4) Polysubstance abuse
- (5) Delirium, acute
- (6) HIV (human immunodeficiency virus infection)
- (7) Antisocial personality disorder in adult
- (8) Anxiety

Chronic Problems: (VALENTINO,DOMINIC J, DO)

Plan

Plan

NEU:

Will continue Haldol to address confusion and suspected delirium. will also continue Clonazepam and risperidone. We will follow up with Psych evaluation in regards of 302 status. Pain control with Acetaminophen and hydromorphone.

CV:

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1022-0015

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

persistent sinus tachycardia, mostly secondary to pain, or sepsis, or anxiety or withdrawal, or may be combination of it. We will continue monitoring Vital Signs and telemetry.

PULM:

Persistent tachycardia, no difficulty in breathing. Pulse O2 around 99- 98 on 2 L nasal cannula. CT chest are impressive of a small to moderate loculated right effusion with suspected bronchopleural fistula and aspiration pneumonia. s/p thoracocentesis extracted 2 ml fluid. Thoracic surgery is being consulted for evaluation and possible intervention for the patient's right loculated pleural effusion. Surgery schedule on Monday.

will continue AMA- Gentamicin, ceftriaxone and metro for anaerobes.

will continue with neb bronchodilators standing, frequent suction

F/U with final results of sputum culture (few GNR) and Pleural fluid result.

GI:

No acute issues. Will continue Nystatin swish and swallow for oral candidiasis. Will continue with Colace/Miralax for constipation. Duffhob Tube in place, continue feeding from DubHoff tube.

LFTs trending down, elevated LFT secondary to sepsis.

GU:

Serum Cr is 1.2. Will d/c gentamicin if Creatinine rises above 1.5 mg/dl.

ID:

SIRS criteria, 4/4 (HR- 150, RR- 40, Temp >38, WBC 20,000) with source of infection lung. Blood culture negative till today. Recent respiratory culture positive for GNR, pending final result. Final urine culture is negative.

Will Continue with ceftriaxone(12), gentamicin(3), metronidazole(3)

Echocardiogram showed NO vegetations or valvulopathy, recommended TEE.

Hx of HIV infection- CD4 count is: 245 (Low)

HEME/ONC:

INR is elevated, possible secondary to liver failure secondary to sepsis.

PATIENT: EFUN NUGA, OLUTOKUNBO

CC:

REPORT #: 1022-0015

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

Will continue DVT prophylaxis with Enoxaparin.

ENDO:

Continue accu checks and Regular insulin SS
Keep sugars 140 - 180

F/E/N:

Will continue to monitor and replete electrolytes as needed.
Continue Tube feed. SLP eval- recommended start diet if no contraindication.

SOCIAL:

Full code.

NOK: Sheree Bradham (484) 420-5809 Mother
Ellis Bradham (610) 348-4661 Father
Tosin Efunnuga 267-918-4065 Sister

(PATEL,SANSKRUTI MD)

Condition: Fair

(PATEL,SANSKRUTI MD)

Condition: Critical

Critical Care Time (mins): 35 (excludes teaching and procedures)

(VALENTINO,DOMINIC J, DO)

Attestation Statement

I have seen and evaluated the patient, reviewed and discussed the plan of care with house staff, and agree as documented with the following comments:

(PATEL,SANSKRUTI MD)

Attestation Statement

I have seen and evaluated the patient, reviewed and discussed the plan of care with house staff, and agree as documented with the following comments:

Patient remains more coherent this AM and overnight.

Will check EKG to look at QT segment because of use of antipsychotics.

PO diet tolerated.

Pain control better with dilaudid dosing.

For decortication in OR on Monday.

Has sputum culture results with enterobacter and Strep species. We will change abx to cefepime based on this and continue flagyl.

Needs intraoperative cultures.

Plans reviewed with ICU nurse and residents.

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1022-0015

REPORT STATUS: Signed

Page 8 of 8

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

(VALENTINO,DOMINIC J, DO)

PATEL,SANSKRUTI MD
VALENTINO,DOMINIC J, DO

Oct 22, 2016 05:24
Oct 22, 2016 12:17

<Electronically signed by SANSKRUTI PATEL, MD> 10/23/16 2129
<Electronically signed by DOMINIC J VALENTINO, DO> 10/22/16 1225

PATESA01 / SP / DD 10/22/16 0524 / DT 10/22/16 0524

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1022-0015
REPORT STATUS: Signed

Mercy Fitzgerald Hospital General Surgery Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1022-0116
ROOM/BED: 417-02
SEX: M
ATTENDING: LITTMAN, MARIO, MD
PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/22/16 10:28

Service: Cardiothoracic Surgery

Subjective

Patient was seen and examined. No acute events overnight. Patient tachycardic, but normotensive, not requiring pressors. Patient tachypneic but saturating high 90s on 2 L nasal cannula. Patient reports pain controlled. Receiving tube feeds through Dobhoff. Producing urine.

Objective

Patient Data

Vital Signs, Last Documented

Date Time	Temp	Pulse	Resp	B/P	Pulse O ₂	O ₂ Delivery	O ₂ Flow Rate	FI _{O2}
10/22/16 10:00	37.3	120	32	134/73	97	Nasal Cannula	2.00	

Weight in Kg

93.00

Bedside Blood Glucose

10/21/16 16:27: POC Glucose 159

Appearance: : Alert: Appears Stated Age: Mild Distress

Head Exam: : Atraumatic: Normocephalic: Symmetric

Eyes: : EOMI: Sclera Anicteric

Ears Nose Throat: No: Muffled Hoarse Voice

Thorax: : Decreased Breath Sounds

Cardiovascular: : Tachycardia

Abdomen: : Non-tender: Soft: No: Distended

Extremity Appearance: LUE: Normal, RUE: Normal, LLE: Normal, RLE: Normal

Skin: : Skin Color Normal: Skin Temperature Normal

Neurologic: : Oriented x 3

Affect: : Normal

Results

Lab Results, CBC Diagram

10/22/16 05:13



PATIENT: EFUNNUGA, OLUTOKUNBO
CC:
REPORT #: 1022-0116
REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
General Surgery Progress Note**

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

Lab Results, BMP Diagram

10/22/16 05:13

133	97	13	164
4.8	25	1.2	

Quality**Code Status:** Full Code**Lines Tubes and Catheter:** Other (Dobhoff)**Line Necessity Addressed:** Yes**VTE Prophylaxis Ordered:** Yes**Indwelling Foley Catheter:** No**Central Venous Catheter:** No**Impression and Plan****Assessment****Problem List:****(1) Loculated pleural effusion****Chronic Problems:****Management Plan****Plan**

37M with past history of HIV, anxiety, and polysubstance abuse who was admitted after being found unresponsive at home. He has intubated on arrival on 10/17/16 and was extubated on 10/15/16. Since that time his chest x-rays have demonstrated right lower lobe consolidation and an increasing right pleural effusion, leading to failed attempts at IR drainage. Chest CT performed on 10/20/16 demonstrates a small to moderate loculated right effusion. Thoracic surgery is being consulted for evaluation and possible intervention for the patient's right loculated pleural effusion. Failed IR thoracentesis due to loculated pleural effusion

Continue care per ICU

Continue IV antibiotics

Continue feeds as tolerated

Continue to monitor respiratory status

Tentative OR 10/24/2016 for VATS and decortication

DVT prophylaxis

MARCOE, JEFFREY P MD

Oct 22, 2016 10:32

<Electronically signed by JEFFREY P MARCOE, MD> 10/22/16 1032

<Electronically signed by HAJI M SHARIFF, MD> 10/28/16 1143

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1022-0116

REPORT STATUS: Signed

Page 3 of 3

Mercy Fitzgerald Hospital
General Surgery Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

MARCJE / JM / DD 10/22/16 1032 / DT 10/22/16 1032

PATIENT: EFUNNUGA, OLUTOKUNBO
CC:
REPORT #: 1022-0116
REPORT STATUS: Signed

Mercy Fitzgerald Hospital Critical Care Progress Note

PATIENT: EFUNNUGA,OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1023-0038
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN,MARIO, MD
PCP: DOCTOR,NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/23/16 07:46

(MANN,RUPINDER K MD)

Subjective

Hospital LOS days: 17

ICU LOS: 17

Subjective

Patient seen and examined. Patient spiked fever- 101.3 F overnight. He was also persistently tachycardiac and tachypneic. As per nurse, he was confused also overnight. Received 1L of NSS and pain meds.

This morning, He is AAOX3. C/o of pain in chest- more on Left than right, more when he take breaths.

(MANN,RUPINDER K MD)

Review of Systems

Head and Neck: Denies: Headache

Eyes: Denies: Blurred Vision

Ears, Nose, Mouth, Throat: Denies: Nasal Congestion, Nasal Discharge

Neurological: Denies: Focal Weakness, Numbness, Paresthesia

Cardiology: : Chest Pain (B/I chest pain- more on breathing)

Respiratory: : Pleuritic Pain

Gastrointestinal: Denies: Abdominal Pain, Nausea, Vomiting

Musculoskeletal: : Back Pain (MANN,RUPINDER K MD)

Objective

Medications

Medications Active List

Medications	Dose Ordered	Sig/Sch	Start Time Stop Time	Status	Last Admin
Folic Acid	1 mg	DAILY	10/11/16 09:00		10/22/16 08:13
Thiamine HCl	100 mg	DAILY	10/11/16 09:00		10/22/16 08:10
Enoxaparin Sodium	40 mg	DAILY	10/11/16 10:45		10/22/16 08:14
Insulin Human Regular	SS LOW DOSE LOW INTENSITY SCALE: BL...	Q6	10/12/16 07:45		10/22/16 18:50

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1023-0038
REPORT STATUS: Signed

Mercy Fitzgerald Hospital
Critical Care Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

Dextrose	16 gm	PRN PRN	10/12/16 11:45		10/12/16 12:41
Dextrose/Water	12.5 gm	PRN PRN	10/12/16 11:45		
Docusate Sodium	100 mg	BID	10/14/16 11:30		10/22/16 08:11
Risperidone	2 mg	BID	10/15/16 12:15		10/22/16 20:15
Haloperidol Lactate	5 mg	Q6 PRN	10/17/16 11:15		10/21/16 04:22
Clonazepam 1 mg	1 mg	BID	10/19/16 10:45		10/22/16 20:17
Gentamicin Sulfate/Sodium Chloride	53 ml @ 100 mls/hr	Q8	10/20/16 10:49		10/23/16 05:28
Polyethylene Glycol 17 gm	17 gm	DAILY	10/20/16 11:00		10/22/16 08:12
Metronidazole/ Sodium Chloride	100 ml @ 200 mls/hr	Q8	10/20/16 21:00		10/23/16 05:13
Acetaminophen	650 mg	Q4H PRN	10/20/16 19:30		10/23/16 02:35
Nystatin	500 mu	QID	10/21/16 13:00		10/22/16 18:49
Hydromorphone HCl	1 mg	Q3H PRN	10/21/16 10:15		10/22/16 08:06
Hydromorphone HCl 2 mg	2 mg	Q3 PRN	10/21/16 10:15		10/23/16 06:12
Cefepime HCl	50 ml @ 100 mls/hr	Q6	10/22/16 17:00		10/23/16 05:00

(MANN, RUPINDER K MD)

Patient Data**Vital Signs 24 Hours**

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/23/16 07:00		114	34	109/68	100	Room Air		
10/23/16 06:00		119	36	133/76	100	Room Air		
10/23/16 05:00		120	37	121/75	100	Room Air		
10/23/16 04:00						Room Air		
10/23/16 04:00	37.7	127	35	113/56	100	Room Air		
10/23/16 03:00		140	46	130/73	100	Room Air		
10/23/16 02:37	38.5	137	42		100	Room Air		
10/23/16 02:00		124	41	132/69	100	Room Air		
10/23/16 01:00		117	29	115/67	100	Room Air		
10/23/16 00:30		117	30		100	Room Air		
10/23/16 00:06						Nasal Cannula	2.00	

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1023-0038

REPORT STATUS: Signed

Mercy Fitzgerald Hospital
Critical Care Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

10/23/16 00:00		125	40	121/69	100	Nasal Cannula	2.00	
10/22/16 23:00	37.2	106	29	101/67	100	Nasal Cannula	2.00	
10/22/16 22:00		110	32	111/60	100	Nasal Cannula	2.00	
10/22/16 21:00		118	33	109/60	100	Nasal Cannula	2.00	
10/22/16 20:00	38.1	128	38	126/70	99	Nasal Cannula	2.00	
10/22/16 20:00						Nasal Cannula	2.00	
10/22/16 19:00		132	41	132/66	100	Nasal Cannula	2.00	
10/22/16 18:00	38.6	127	38	114/80	98	Nasal Cannula	2.00	
10/22/16 17:00		125	38	133/76	97	Nasal Cannula	2.00	
10/22/16 16:00		124	39	139/86	100	Nasal Cannula	2.00	
10/22/16 16:00						Nasal Cannula	2.00	
10/22/16 15:00		122	41	125/62	98	Nasal Cannula	2.00	
10/22/16 14:00		121	39	131/74	98	Nasal Cannula	2.00	
10/22/16 13:00		125	42	142/74	99	Nasal Cannula	2.00	
10/22/16 12:00						Nasal Cannula	2.00	
10/22/16 12:00	38.0	124	39	139/80	96	Nasal Cannula	2.00	
10/22/16 11:00		125	37	127/59	97	Nasal Cannula	2.00	
10/22/16 10:00	37.3	120	32	134/73	97	Nasal Cannula	2.00	
10/22/16 09:00		126	38	128/70	97	Nasal Cannula	2.00	
10/22/16 08:02						Nasal Cannula	4.00	
10/22/16 08:00						Nasal Cannula	2.00	
10/22/16 08:00	38.6	131	34	114/63	96	Nasal Cannula	2.00	

Weight in Kg

93.00

Bedside Blood Glucose Last 24h**10/22/16 10:57:** POC Glucose 125**10/22/16 17:54:** POC Glucose 244**10/22/16 22:09:** POC Glucose 111**10/23/16 04:57:** POC Glucose 119

	10/23/16 07:00
Intake Total	4576 ml
Output Total	1950 ml
Balance	2626 ml
Intake Oral	540 ml
IV Total	2756 ml
Tube Feeding	780 ml
Tube Irrigant	500 ml
Output Urine Total	1950 ml
# Voids	1

I&O Comment

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1023-0038

REPORT STATUS: Signed

Mercy Fitzgerald Hospital Critical Care Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

	10/22/16 15:00	10/22/16 23:00	10/23/16 07:00
Intake Total	1860 ml	833 ml	1883 ml
Output Total	1000 ml	300 ml	650 ml
Balance	860 ml	533 ml	1233 ml

Sedation Score Actual

0

CAM - ICU

Negative

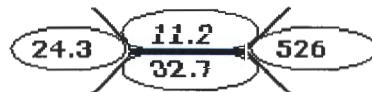
(MANN, RUPINDER K MD)

Physical Exam**Appearance:** : Alert: No Acute Distress**Head Exam:** : Moist Mucous Membranes**HEENT:** : EOMI: Sclera Anicteric**Thorax:** : Decreased Breath Sounds: Other (Tachypenic)No: Wheezing**Cardiovascular:** : TachycardiaNo: Murmur**Abdomen:** : Bowel Sounds Noted: Non-distended: Non-tender**Skin:** : Skin Color Normal**Upper Extremity Appearance:** : Normal**Lower Extremity Appearance:** : Normal**Pulses:** Distal Pulses :2+**Mental Status:** Alert and Oriented x 3**Follows Commands:** Yes

(MANN, RUPINDER K MD)

Results**Results****Lab Results, CBC Diagram**

10/23/16 05:00

**Lab Results, BMP Diagram**

10/23/16 05:00

**Arterial Blood Gas**

10/7/16 17:00:

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1023-0038

REPORT STATUS: Signed

Mercy Fitzgerald Hospital Critical Care Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

Venous Blood pH 7.43, Venous Blood pH (Temp Corrected) 7.43, Venous Blood Partial Pressure CO2 47.1, Venous Blood pCO2 (Temp Corrected) 47.1, Venous Blood Partial Pressure O2 91.1, Venous Blood pO2 (Temp Corrected) 91.1, Venous Blood HCO3 31.3, Venous Bld O2 Saturation (Measured) 97.2, Venous Blood Base Excess 6.2, Bedside Sodium (Blood Gas) 139, Bedside Potassium (Blood Gas) 6.0, Bedside Chloride (Blood Gas) 104, Ionized Calcium (Blood Gas) 1.12

10/8/16 06:15: Allen Test Pos**10/14/16 04:57:**

Arterial Blood pH 7.44, Arterial Blood pH (Temp corrected) 7.44, Arterial Blood Partial Pressure CO2 43.5, Arterial Blood pCO2 (Temp correct) 43.5, Arterial Blood Partial Pressure O2 94, Arterial Blood pO2 (Temp corrected) 93.5, Arterial Blood HCO3 29.5, Arterial Bld O2 Saturation (Measur) 97.7, Arterial Blood Base Excess 4.8, Arterial Blood Hematocrit 37.5, Arterial Blood Sodium 140, Arterial Blood Potassium 3.8, Chloride (Blood Gas) 104, Ionized Calcium (Measured) (Bld Gas) 1.18, Lactate (Blood Gas) 1.0, Blood Gas Temperature 98.6, Oxygen Delivery Device Aerm, Blood Gas Ventilator Setting 24, FiO2 40.0, Blood Gas Tidal Volume 450, Blood Gas PEEP 5.0

(MANN, RUPINDER K MD)**Diagnostics Reviewed:** Yes**(VALENTINO, DOMINIC J, DO)****Quality****Code Status:** Full Code**(MANN, RUPINDER K MD)****Lines Tubes and Catheter:** PICC (LUE- 10/11/16), Other (Doubhoff- 10/19/16)**(MANN, RUPINDER K MD)****VTE Prophylaxis Ordered:** Yes (Lovenox 40 mg s/c Daily)**(MANN, RUPINDER K MD)****Indwelling Foley Catheter:** No**(MANN, RUPINDER K MD)****1:1 Sitter:** Continued**(MANN, RUPINDER K MD)****Impression and Plan****Assessment****Problem List:**

- (1) Aspiration pneumonia**
- (2) Empyema**
- (3) Suicidal overdose**
- (4) Polysubstance abuse**
- (5) Delirium, acute**
- (6) HIV (human immunodeficiency virus infection)**
- (7) Antisocial personality disorder in adult**
- (8) Anxiety**

Chronic Problems: **(MANN, RUPINDER K MD)****Problem List:**

- (1) Aspiration pneumonia**
- (2) Empyema**
- (3) Delirium, acute**
- (4) Suicidal overdose**

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1023-0038

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

(5) Polysubstance abuse
(6) HIV (human immunodeficiency virus infection)
(7) Antisocial personality disorder in adult
(8) Anxiety
Chronic Problems: (VALENTINO, DOMINIC J, DO)

Management Plan

Plan

Neuro- Acute Delirium due to pain and sepsis. Continue risperidone, Haldol prn . Pain control with Dilaudid prn with pain scale

F/u psych eval patient came with intentional overdose- suicide attempt. 302ed

CVS: Persistently sinus tachycardia- most likely due to pain, sepsis. Will continue adequate pain control
B.P. fairly controlled

Pulm- Aspiration pneumonia and Right sided Empyema on CT scan. Thoracenteses yield only 2 ml fluid due to loculation

Going to OR on Monday for decortication

Continue medical management with gentamicin, cefepime and metronidazole

F/u pleural fluid result- Pleural fluid Ph

GI: Continue Nystatin swish and swallow for oral candidiasis.
Continue dysphagia 2 diet and nocturnal tube feed
Elevated LFT due to liver injury secondary to sepsis. Trending down

GU: No active issue. Will continue to monitor serum creatinine especially as patient is on gentamycin.

ID: Aspiration pneumonia and Empyema of Right lung.
Resp culture (10/19/16)-Enterobacter aerogenes and Streptococcus group C
Repeat resp culture(10/21/16)- Normal flora and rare org till now
Continue Cefepime, Metronidazole and gentamicin
Echocardiogram showed NO vegetations or valvulopathy, recommended TEE.
Hx of HIV infection- CD4 count is: 245 (Low). Will start HAART therapy once acute illness resolves

Hem/Onc: INR is elevated- most likely due to liver injury 2/2 to sepsis.
DVT prophylaxis with Enoxaparin 40 mg s/c Daily.

Endo: No active issues

F/E/N: Monitor electrolyte and replete as needed
Continue dysphagia 2 diet with nocturnal tube feed.

Social: Full code.
NOK: Sheree Bradham (484) 420-5809 Mother
Ellis Bradham (610) 348-4661 Father
Tosin Efunnuga 267-918-4065 Sister

PATIENT: EFUNNUGA, OLUTOKUNBO
CC:
REPORT #: 1023-0038
REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

(MANN,RUPINDER K MD)

Additional Information

Condition: Critical

Critical Care Time (mins): 35 (excludes teaching and procedures)

(VALENTINO,DOMINIC J, DO)

Attestation Statement

I have seen and evaluated the patient, reviewed and discussed the plan of care with house staff, and agree as documented with the following comments:

Patient remains alert and more coherent this AM. Still on 1:1 as 302 status ongoing.

Needs VATs tomorrow. I advised surgery to speak with his mother since he is 302 status. He is willing to have, but she should be informed as NOK.

I spoke with Dr. Asnani from ID in the ICU and she wants to keep the gentamycin on for possible endocarditis. We are asking for a cardiology consult to get a TEE, preferably when he is intubated for his VATS procedure.

We will maintain PO diet until midnight.

Continue on pain regimen with dilaudid, but lower doses. He is not needing regularly but will certainly need more post op tomorrow.

Increase bowel regimen as no BMs in 24hr.

Plans reviewed on rounds with ICU nurse and residents.

(VALENTINO,DOMINIC J, DO)

MANN,RUPINDER K MD
VALENTINO,DOMINIC J, DO

Oct 23, 2016 07:52

Oct 23, 2016 11:14

<Electronically signed by RUPINDER K MANN, MD> 10/26/16 0556

<Electronically signed by DOMINIC J VALENTINO, DO> 10/23/16 1121

MANNRU / RM / DD 10/23/16 0752 / DT 10/23/16 0752

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1023-0038
REPORT STATUS: Signed

Mercy Fitzgerald Hospital Internal Med Progress Note

PATIENT: EFUNNUGA,OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1023-0041
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN,MARIO, MD
PCP: DOCTOR,NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/23/16 07:57

Subjective

Patient seen, resting, chart reviewed, febrile overnight

Objective

Patient Data

Vital Signs, Last Documented

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/23/16 07:00		114	34	109/68	100	Room Air		
10/23/16 04:00	37.7							
10/23/16 00:06							2.00	

Weight in Kg

93.00

Bedside Blood Glucose

10/23/16 04:57: POC Glucose 119

Thorax: : Decreased Breath Sounds

Cardiovascular: : Tachycardia

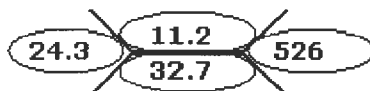
Abdominal Inspection: : Normal

Abdomen: : Bowel Sounds Noted

Results

Lab Results, CBC Diagram

10/23/16 05:00



Lab Results, BMP Diagram

10/23/16 05:00



PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1023-0041
REPORT STATUS: Signed

Page 2 of 2

**Mercy Fitzgerald Hospital
Internal Med Progress Note**

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

Impression and Plan

Problem List:

(1) Empyema

Impression and Plan: Continue with cefepime and gentamicin, appreciate infectious disease and surgery input, planning for operative treatment tomorrow

(2) Acute respiratory failure with hypoxia and hypercapnia

Impression and Plan: continue to provide oxygen and monitor pulse oximetry closely

(3) AKI (acute kidney injury)

Impression and Plan: Resolved, close monitoring of serum creatinine while on gentamicin

(4) Toxic encephalopathy

Chronic Problems:

HAMID, SAMMY, MD

Oct 23, 2016 07:59

<Electronically signed by SAMMY HAMID, MD> 10/24/16 0555

HAMISA / SH / DD 10/23/16 0759 / DT 10/23/16 0759

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1023-0041

REPORT STATUS: Signed

Mercy Fitzgerald Hospital Infectious Disease Progress No

PATIENT: EFUNNUGA, OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1023-0084
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN, MARIO, MD
PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/23/16 11:08

Service: Infectious Disease

Covering for: GILBERT, MARK, MD

Subjective

Case discussed with ICU team, patient for VATS tomorrow

Rocephin was changed to cefepime based upon the sputum culture with Enterobacter and strep

On gentamicin

Renal function stable

Ongoing fevers

Blood Cultures done 3 days ago negative so far

Objective

Active Meds Reviewed: Yes

Patient Data

Vital Signs, Last Documented

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/23/16 10:00		121	30	116/63	98	Nasal Cannula	2.00	
10/23/16 08:00	38.0							

Weight in Kg

93.00

Bedside Blood Glucose

10/23/16 04:57: POC Glucose 119

Appearance: : No Acute Distress

Head Exam: : Symmetric

Eyes: : Sclera Anicteric

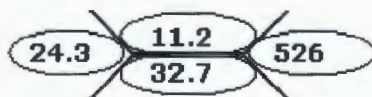
Thorax: : Crackles

Abdomen: : Distended: Soft

Results

Lab Results, CBC Diagram

10/23/16 05:00



PATIENT: EFUNNUGA, OLUTOKUNBO
CC:
REPORT #: 1023-0084
REPORT STATUS: Signed

Mercy Fitzgerald Hospital
Infectious Disease Progress No

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

Lab Results, BMP Diagram

10/23/16 05:00

135	99	14	118
4.5	26	1.0	

Diagnostics Reviewed: Yes

Impression and Plan
Plan

Impression and plan

1. HIV
 - Antiretrovirals once clinical condition allows
2. Pneumonia, cefepime and Flagyl
3. Strep bacteremia, MIC to penicillin on the higher side so on the beta lactams as well as synergistic gentamicin, gentamicin levels ordered
 TEE
 Discussed with ICU team
4. Leukocytosis, suspect multifactorial, pneumonia, loculated effusion for VATS tomorrow

ASNANI,BHARTI, MD

Oct 23, 2016 11:14

<Electronically signed by BHARTI ASNANI, MD> 10/23/16 1114

ASNABH / BA / DD 10/23/16 1114 / DT 10/23/16 1114

PATIENT: EFUNNUGA,OLUTOKUNBO
 CC:
 REPORT #: 1023-0084
 REPORT STATUS: Signed

Mercy Fitzgerald Hospital General Surgery Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1023-0260
ROOM/BED: 417-02
SEX: M
ATTENDING: LITTMAN, MARIO, MD
PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/23/16 17:05

Service: Cardiothoracic Surgery

Subjective

No acute issues. Continues to be febrile, tachycardic, and tachypneic.

Objective

Vital Signs, Last Documented

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/23/16 16:00						Nasal Cannula	2.00	
10/23/16 16:00		115	37	120/67	99			
10/23/16 15:00	38.1							

Weight in Kg

93.00

Bedside Blood Glucose

10/23/16 16:55: POC Glucose 111

Physical Exam

General: no apparent distress, appears stated age

HNT: moist mucous membranes

Eyes: sclera anicteric

Thorax: appears to be short of breath as he is tachypneic and whispering. RR in 30s and O2 saturation at this time is 95% on 2 L nasal cannula. Lungs with good air movement and equal expansion bilaterally, but diminished breath sounds at bilateral bases.

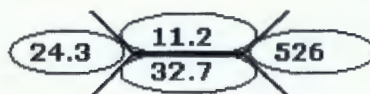
Cardiovascular: no jugular venous distension, no murmurs, tachycardic

Abdomen: soft, non-tender, non-distended, bowel sounds noted

Neurologic: alert/awake/oriented, grossly no abnormalities

Lab Results, CBC Diagram

10/23/16 05:00



Lab Results, BMP Diagram

10/23/16 05:00

PATIENT: EFUNNUGA, OLUTOKUNBO
CC:
REPORT #: 1023-0260
REPORT STATUS: Signed

Mercy Fitzgerald Hospital General Surgery Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

135	99	14	118
4.5	26	1.0	

Impression and Plan**Assessment****Problem List:**

- (1) Loculated pleural effusion
- (2) HIV (human immunodeficiency virus infection)
- (3) Suicide and self-inflicted poisoning by drugs and medicinal substances
- (4) Drug overdose
- (5) Anxiety
- (6) Polysubstance abuse

Chronic Problems:**Management Plan****Plan**

37M with past history of HIV, anxiety, and polysubstance abuse who was admitted after being found unresponsive at home. He has intubated on arrival on 10/17/16 and was extubated on 10/15/16. Since that time his chest x-rays have demonstrated right lower lobe consolidation and an increasing right pleural effusion, leading to failed attempts at IR drainage. Chest CT performed on 10/20/16 demonstrates a small to moderate loculated right effusion. Thoracic surgery is being consulted for evaluation and possible intervention for the patient's right loculated pleural effusion.

- Continue close monitoring
- Continue IV abx
- Continue care per ICU team
- To OR tomorrow for R VATS and decortication
- Lovenox for DVT ppx

SALIM, ANDREW N MD

Oct 23, 2016 5:09 pm

<Electronically signed by ANDREW N SALIM, MD> 10/23/16 1709

<Electronically signed by HAJI M SHARIFF, MD> 10/28/16 1143

SALIAN / ANS / DD 10/23/16 1709 / DT 10/23/16 1709

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1023-0260

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1024-0023
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN,MARIO, MD
PCP: DOCTOR,NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

***** Signed Status *****

***** Addendum *** *** Addendum *** *** Addendum *****

10/24/16

Addendum: VALENTINO,DOMINIC J, DO on 10/24/16 @ 15:54

Resident had signed note before assigning to me for editing and so my comments are included as this addendum. I have seen and evaluated the patient today and personally examined him. I also have reviewed the resident's note in detail and I agree with what she is written below except as noted:

The patient is going to the OR today for a right-sided VATS. Postoperative I would expect him to come back intubated and we will work on extubating him quickly. I spoke with cardiology personally and arranged for him to have a TEE before his surgical procedure when he is in the PACU and intubated. Surgery was also aware of this. The cardiologist also personally spoke to the surgery team about this.

Once extubated again, will reassess need for pain control. Also if the results of the TEE are negative, we will try to get his antibiotics reconfigured to stop sooner as long as no evidence of positive blood cultures are coming up. In speaking with infectious disease yesterday, his CD4 count is above 200. He should not be at risk of many opportunistic infections given this. We will also follow up with cultures obtained from the VATS today as we may need to tweak antibiotics based on this.

Patient was eating prior to being nothing by mouth for the OR and we'll try to get him back on oral diet after extubation.

He is still 302 status and is still on one-to-one observation. Once he is medically cleared, we will have to get security and/or case management to contact the police authorities as the patient apparently has a warrant outstanding that they wish to serve him on.

Plans discussed in detail with ICU nurse and residents on rounds.

Critical care time, excluding teaching and procedures, equals 35 minutes.

<Electronically signed by DOMINIC J VALENTINO III

DO>

VALEDO / DJV / DD 10/24/16, 1557 / DT 10/24/16, 1557

***** Original Report *****

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1024-0023
REPORT STATUS: Signed

Mercy Fitzgerald Hospital Critical Care Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

Subjective**Encounter Date & Time**

10/24/16 06:12

Subjective**Hospital LOS days:** 18**ICU LOS:** 18**Subjective**

Patient seen and examined at bedside, he complaints of LLQ pain that radiates to the left flank, but he mentions is better than yesterday. He is coughing less frequently, but continues producing a yellowish-greenish sputum. No agitation/disorientation episodes overnight. Overnight: He spiked a fever around 2 a.m. which subsided after Tylenol. He is peeing using the urinal and per nurse: He looks better and he is been more cooperative.

Review of Systems**Constitutional:** : Appetite Loss: Fatigue: Fever**Head and Neck:** Denies: Headache**Eyes:** Denies: Blurred Vision**Neurological:** Denies: Headache**Cardiology:** Denies: Chest Pain, Palpitations**Respiratory:** : Cough: Sputum Production**Gastrointestinal:** : Abdominal Pain Denies: Abdomen Tender**Genitourinary:** Denies: Change in Urine Stream**Integumentary:** Denies: Dryness**Psychiatric:** : Depressed**Objective****Active Meds Reviewed:** Yes**Medications****Medications Active List**

Medications	Dose Ordered	Sig/Sch	Start Time Stop Time	Status	Last Admin
Folic Acid	1 mg	DAILY	10/11/16 09:00		10/23/16 08:11
Thiamine HCl	100 mg	DAILY	10/11/16 09:00		10/23/16 08:11
Enoxaparin Sodium	40 mg	DAILY	10/11/16 10:45		10/23/16 09:48
Insulin Human Regular	SS LOW DOSE LOW INTENSITY SCALE: BL...	Q6	10/12/16 07:45		10/22/16 18:50
Dextrose	16 gm	PRN PRN	10/12/16 11:45		10/12/16 12:41
Dextrose/Water	12.5 gm	PRN PRN	10/12/16 11:45		
Risperidone	2 mg	BID	10/15/16 12:15		10/23/16 20:41

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1024-0023

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

Haloperidol Lactate	5 mg	Q6 PRN	10/17/16 11:15		10/21/16 04:22
Clonazepam 1 mg	1 mg	BID	10/19/16 10:45		10/23/16 20:41
Gentamicin Sulfate/Sodium Chloride	53 ml @ 100 mls/hr	Q8	10/20/16 10:49		10/24/16 05:35
Polyethylene Glycol 17 gm	17 gm	DAILY	10/20/16 11:00		10/23/16 08:11
Metronidazole/Sodium Chloride	100 ml @ 200 mls/hr	Q8	10/20/16 21:00		10/24/16 05:07
Acetaminophen	650 mg	Q4H PRN	10/20/16 19:30		10/24/16 02:21
Nystatin 500 mu	500 mu	QID	10/21/16 13:00		10/23/16 20:41
Cefepime HCl	50 ml @ 100 mls/hr	Q6	10/22/16 17:00		10/24/16 05:07
Hydromorphone HCl	1 mg	Q3H PRN	10/23/16 10:45		10/24/16 05:41
Hydromorphone HCl	0.5 mg	Q3H PRN	10/23/16 13:15		10/23/16 20:41
Senna/Docusate Sodium	1 tab	BID	10/23/16 10:45		10/23/16 20:41

Patient Data**Vital Signs, Last Documented**

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/24/16 06:00		111	28	120/70	99	Nasal Cannula	2.00	
10/24/16 04:00	37.6							

Weight in Kg

93.00

Bedside Blood Glucose Last 24h**10/23/16 11:14:** POC Glucose 129**10/23/16 16:55:** POC Glucose 111**10/24/16 04:34:** POC Glucose 83

	10/23/16 15:00	10/23/16 23:00	10/24/16 07:00
Intake Total	950 ml	908 ml	278 ml
Output Total	1250 ml	1175 ml	625 ml
Balance	-300 ml	-267 ml	-347 ml

Sedation Score Actual

0

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1024-0023

REPORT STATUS: Signed

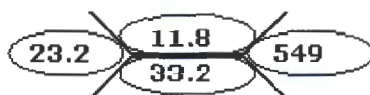
Mercy Fitzgerald Hospital Critical Care Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

Physical Exam**Appearance:** : Alert: Appears Stated Age: Cooperative: No Acute Distress**Head Exam:** : Moist Mucous Membranes: Normocephalic: Symmetric**HEENT:** : EOMI: Moist Mucous Membranes: PERRL: Sclera Anicteric**Thorax:** : Crackles (RIGHT LOWER LUNG FIELD): Decreased Breath Sounds (LEFT LOWER LUNG FIELD): No Accessory Muscle Use: Other (Tachypneic)**Cardiovascular:** : Regular Rate Rhythm: Tachycardia**Abdomen:** : Bowel Sounds Noted: Non-distended: Non-tender: Soft**Skin:** : Skin Color Normal: Skin Temperature Normal: Skin Turgor Normal**Upper Extremity Appearance:** : Normal**Lower Extremity Appearance:** : Normal**Pulses:** Distal Pulses 2+**Mental Status:** Alert and Oriented x 3**Follows Commands:** Yes**Results****Results****Lab Results, CBC Diagram**

10/24/16 04:50

**Lab Results, BMP Diagram**

10/24/16 04:50

**PT/PTT/INR**

10/24/16 04:50:

Prothrombin Time 15.8, Prothromb Time International Ratio 1.3

Arterial Blood Gas

10/7/16 17:00:

Venous Blood pH 7.43, Venous Blood pH (Temp Corrected) 7.43, Venous Blood Partial Pressure CO₂ 47.1, Venous Blood pCO₂ (Temp Corrected) 47.1, Venous Blood Partial Pressure O₂ 91.1, Venous Blood pO₂ (Temp Corrected) 91.1, Venous Blood HCO₃ 31.3, Venous Bld O₂ Saturation (Measured) 97.2, Venous Blood Base Excess 6.2, Bedside Sodium (Blood Gas) 139, Bedside Potassium (Blood Gas) 6.0, Bedside Chloride (Blood Gas) 104, Ionized Calcium (Blood Gas) 1.12

10/8/16 06:15: Allen Test Pos

10/14/16 04:57:

Arterial Blood pH 7.44, Arterial Blood pH (Temp corrected) 7.44, Arterial Blood Partial Pressure CO₂ 43.5, Arterial Blood pCO₂ (Temp correct) 43.5, Arterial Blood Partial Pressure O₂ 94, Arterial Blood pO₂ (Temp corrected) 93.5,

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1024-0023

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

Arterial Blood HCO3 29.5, Arterial Bld O2 Saturation (Measur) 97.7, Arterial Blood Base Excess 4.8, Arterial Blood Hematocrit 37.5, Arterial Blood Sodium 140, Arterial Blood Potassium 3.8, Chloride (Blood Gas) 104, Ionized Calcium (Measured) (Bld Gas 1.18, Lactate (Blood Gas) 1.0, Blood Gas Temperature 98.6, Oxygen Delivery Device Aerm, Blood Gas Ventilator Setting 24, FiO2 40.0, Blood Gas Tidal Volume 450, Blood Gas PEEP 5.0

Diagnostics Reviewed: Yes

Quality

Discussed Care Plan with: Patient

Code Status: Full Code

Lines Tubes and Catheter: NG Tube (Doubhoff- (10/19/16)), PICC (LEFT UPPER EXTREMITY (10/11/2016))

Line Necessity Addressed: Yes

VTE Prophylaxis Ordered: Yes

Indwelling Foley Catheter: No

Central Venous Catheter: No

1:1 Sitter: Discontinued

Non-Violent Restraints: Discontinued

Impression and Plan

Assessment

Problem List:

- (1) Severe sepsis
- (2) Aspiration pneumonia
- (3) Empyema
- (4) Delirium, acute
- (5) Suicidal overdose
- (6) Polysubstance abuse
- (7) HIV (human immunodeficiency virus infection)
- (8) LFTs abnormal
- (9) Oral thrush
- (10) Hyponatremia
- (11) Antisocial personality disorder in adult
- (12) Anxiety

Chronic Problems:

Management Plan

Plan

Neuro- Continue risperidone, Haldol prn.

Pain control with Dilaudid prn with pain scale

F/u psych eval patient came with intentional overdose- suicide attempt. 302ed

CVS: Persistently sinus tachycardia possible due to pain and sepsis.

B.P. fairly controlled

Pulm-

Patient will go to the OR today for VATS and decortication.

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1024-0023

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

Continue with Gentamycin, cefepime and metronidazole for aspiration pneumonia/empyema.
Legionella antigen test was negative.

Final respiratory culture shows normal respiratory flora.

Expectorated sputum shows 2 organism: E.aerogenes and streptococcus group C. (Resistant to Cefazolin and Piperacillin/Tazobactam)

Continue with nebulizations and suction and nystatin swish and swallow.

GI: Continue Nystatin swish and swallow for oral candidiasis.
Elevated LFT due to liver injury secondary to sepsis. Trending down.

GU: No active issue. Last serum creatinine was within normal limits we will continue to monitor since patient is on gentamicin.

ID: Aspiration pneumonia and Empyema of Right lung.
Resp culture (10/19/16)-Enterobacter aerogenes and Streptococcus group C
Repeat resp culture(10/21/16)- Normal flora and rare org till now
Continue Cefepime, Metronidazole and gentamicin
Echocardiogram showed NO vegetations or valvulopathy, recommended TEE.
Hx of HIV infection- CD4 count is: 245 (Low). Will start HAART therapy once acute illness resolves

Hem/Onc: INR is elevated- most likely due to liver injury 2/2 to sepsis.
DVT prophylaxis with Enoxaparin 40 mg s/c Daily, held today before procedure.

Endo: No active issues

F/E/N: Monitor electrolyte and replete as needed
NPO

Social: Full code.
NOK: Sheree Bradham (484) 420-5809 Mother
Ellis Bradham (610) 348-4661 Father
Tosin Efunnuga 267-918-4065 Sister

IRIARTE OPORTO, BLANCA E MD

Oct 24, 2016 06:17

<Electronically signed by BLANCA E IRIARTE OPORTO, MD> 10/24/16 1204

10/24/16 1557

PATIENT: EFUNNUGA, OLUTOKUNBO
CC:
REPORT #: 1024-0023
REPORT STATUS: Signed

Page 7 of 7

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

IRIABL / BIO / DD 10/24/16 0617 / DT 10/24/16 0617

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1024-0023
REPORT STATUS: Signed

Mercy Fitzgerald Hospital Internal Med Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1024-0046
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN, MARIO, MD
PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/24/16 07:02

Subjective

Patient seen, resting well, had a fever overnight, still with sputum production cough

Objective

Patient Data

Vital Signs, Last Documented

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/24/16 06:00		111	28	120/70	99	Nasal Cannula	2.00	
10/24/16 04:00	37.6							

Weight in Kg

93.00

Bedside Blood Glucose

10/24/16 04:34: POC Glucose 83

Appearance: : No Acute Distress

Thorax: : Decreased Breath Sounds

Cardiovascular: : Regular Rate Rhythm

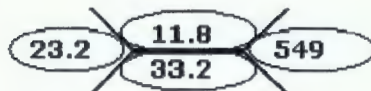
Abdominal Inspection: : Normal

Abdomen: : Bowel Sounds Noted

Results

Lab Results, CBC Diagram

10/24/16 04:50



Lab Results, BMP Diagram

10/24/16 04:50



PATIENT: EFUNNUGA, OLUTOKUNBO
CC:
REPORT #: 1024-0046
REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Internal Med Progress Note**

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

PT/PTT/INR

10/24/16 04:50:

Prothrombin Time 15.8, Prothromb Time International Ratio 1.3

Impression and Plan

Problem List:

(1) Empyema

Impression and Plan: Continue with cefepime, Flagyl and gentamicin, for OR today for decortication for source control

(2) Acute respiratory failure with hypoxia and hypercapnia

Impression and Plan: Stable, continue to provide oxygen and monitor pulse oximetry closely

(3) AKI (acute kidney injury)

Impression and Plan: Resolved

(4) Toxic encephalopathy

Impression and Plan: Clinically improved

Chronic Problems:

HAMID, SAMMY, MD

Oct 24, 2016 07:04

<Electronically signed by SAMMY HAMID, MD> 10/25/16 0614

HAMISA / SH / DD 10/24/16 0704 / DT 10/24/16 0704

PATIENT: EFUNNUGA, OLUTOKUNBO
CC.
REPORT #: 1024-0046
REPORT STATUS: Signed

Mercy Fitzgerald Hospital General Surgery Progress Note

PATIENT: EFUNNUGA,OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1024-0178
ROOM/BED: 417-02
SEX: M
ATTENDING: LITTMAN,MARIO, MD
PCP: DOCTOR,NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/24/16 10:26

Service: Carciothoracic Surgery

Subjective

Patient seen and examined. No acute events overnight. Patient remains febrile and tachycardic.

Objective

Patient Data

Vital Signs, Last Documented

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/24/16 10:00		119	37	124/79	98	Nasal Cannula	2.00	
10/24/16 08:00	37.3							

Weight in Kg

93.00

Bedside Blood Glucose

10/24/16 04:34: POC Glucose 83

Appearance: : Alert: Appears Stated Age: Mild Distress

Head Exam: : Atraumatic: Normocephalic: Symmetric

Eyes: : EOMI

Ears Nose Throat: No: Muffled Hoarse Voice

Thorax: : Crackles: Decreased Breath Sounds

Cardiovascular: : Tachycardia

Abdomen: : Non-tender: Soft

Extremity Appearance: LUE: Normal, RUE: Normal, LLE: Normal, RLE: Normal

Skin: : Skin Color Normal: Skin Temperature Normal

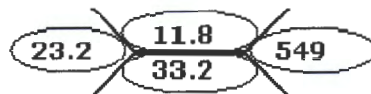
Neurologic: : Oriented x 3

Affect: : Normal

Results

Lab Results, CBC Diagram

10/24/16 04:50



PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1024-0178
REPORT STATUS: Signed